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Soda Hyno	phosphite	Gr. 1/8		

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Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

APRIL 1941

Cover photograph by Harold M. Lambert

	E Robert A. Weeks 38 school features bedside classes
	a doctor on active duty
	ns of detailed bills
WE'RE ON THE AIR! How medicine male	kes new friends, by radio
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H. Sheridan Baketel, A.M., M.D., Editor • William Alan Richardson, Managing Editor Patrick O'Sheel, Associate Editor • F. H. Rowsome Jr., Contributing Editor Lansing Chapman, Publisher • Russell H. Babb, Advertising Manager Copyright 1941, Medical Economics, Inc., Rutherford, N.J., 25c a copy, \$2 a year



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In exerting a persistent tendency to encourage productive cough and thus reduce the frequency and severity of cough seizures, the unusually high viscosity of its especially refined petroleum content (2120-2130 Saybolt, at 25°C.) offers minimum possibility of seepage into the lungs. Its soothing effect and value in assisting the normal healing process are regarded as clinically important.

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Neutral tasting Angier's Emulsion is exceptionally well tolerated by infants, aged and diabetics. It can be safely administered in large or frequent doses without producing untoward reactions such as loss of appetite, gastric upset or nausea. Its hydrogen-ion concentration (pH 4.98-5.01) tends to inhibit the propagation of putrefactive bacteria in the intestines. Its value in normalizing intestinal function and tonus cannot be overestimated.

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speaking frankly

G.P.'S

TO THE EDITORS: At the last meeting of the Association of Family Physicians, I was instructed to request publication of a letter in Medical Economics which would solicit the cooperation of readers in furnishing the names and addresses of the presidents or secretaries of all general practitioners' groups in the United States. I am writing you now with that purpose in mind.

It is our intention to determine the aims and views of these groups with regard to the formation of a national organization and to elicit their reaction to the idea of a preliminary meeting in Cleveland at the time of the

A.M.A. convention.

We deeply appreciate what MEDI-CAL ECONOMICS is doing for the men in general practice and hope that readers of the magazine will assist us in supplying the information we need.

F. W. Filsinger, M.D., President Assn. of Family Physicians

Buffalo, N.Y.

OSTEOPATHY

TO THE EDITORS: Your February editorial, "Associating with Osteopaths," is a frank discussion of a problem which is becoming more and more

difficult to solve.

The older physician recalls the wide breach existing between the two concepts of healing; the younger physician is at a loss to understand why he had to struggle to meet such high requirements for the study of medicine when osteopaths apparently get by on a lower scale of requirements. All physicians wonder what the future holds for the orthodox practitioner of medicine when, by

reason of recent legislation, osteopathic physicians in New Jersey may take what amounts to a postgraduate course in medical therapeutics and, after passing a special examination, be permitted to practice both

types of healing.

It must be acknowledged that, of all the "irregular" practitioners, the osteopath has the best preparation and training. His philosophy of treatment is—or at least was—based upon maladjustment of the spine and not on pathology as a physician understands it. It seems incongruous that there is suddenly a desire on the part of the osteopath, who never admitted the value of any drug therapy, to sing its praises at this time.

Perhaps osteopaths are becoming uncertain of the therapeutics they learned earlier. Frankly, their enthusiasm for joining the medical ranks now is due to the great strides obtained in medicine by the advance in serotherapy and chemotherapy. They

should admit it.

Certainly, physicians who have spent years preparing for and practicing medicine do not desire to associate with any group whose teachings tend to break down the concepts of the science and art of healing.

Geo. M. Levitas, M.D. Westwood, N.J.

TO THE EDITORS: We must admit that osteopaths have something worthwhile to offer. How can we avoid it when our patients keep calling them in periodically?

But why doesn't the medical fraternity adopt the best of these methods, and teach them in our medical schools? By so doing, and by raising the standards for licensing to

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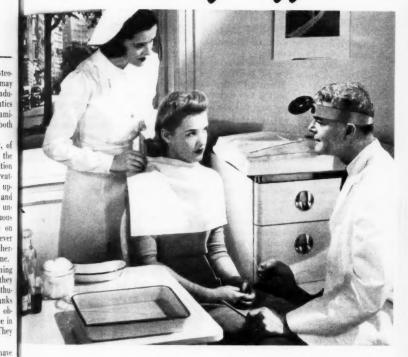
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NEW TOWEL for office use



DISPOSABLE . . . SANITARY . . . VERSATILE . . . ECONOMICAL

• Physicians will find many uses for these new professional cotton towels: to protect patients' clothing, as shown in the picture, as well as for wipes and as underpads on examining tables and scales. Red Cross Professional Towels are soft, comfortable and absorbent. They are to be used once and thrown away. A new towel for each patient.

These towels are made of "Masslinn,"* an unwoven fibrous material developed by

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the Johnson & Johnson laboratories. Backed with water-repellent cellulose. Size 19" x 14", in boxes of 100 and 500. Price: 100 for \$1.10; 500 for \$4.95.

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much stricter levels, incompetent cultists could gradually be eliminated...

J. W. Stevens, M.D. Glens Falls, N.Y.

TO THE EDITORS: Here in Missouri, the problems of organized medicine are acute. To illustrate:

Recently I had occasion to make a survey of medical men available for military service. There are forty-six registered M.D.'s in the five counties covered by the local medical society. Of this number, thirty-three are past military age. In this same area are seventy licensed osteopaths, a large majority of whom are much younger men. The figures show that osteopaths are locating in small towns, and making a living with which they are satisfied. Evidently the rural communities find them adeduate.

In this State the osteopathic license covers the right to do surgery, obstetrics, and to administer drugs. It is not at all difficult to understand why the present-day graduate in medicine feels he is not justified in locating in a small town, where he may have little opportunity to exercise the long and expensive education he has just completed. Meantime, large numbers of applicants fail to gain admittance to approved medical schools. Still desirous of entering the healing profession, many of them become osteopaths.

Osteopathy has influenced medicine just as did homeopathy and the eclectics. Some of us can remember when neither of these branches was recognized by regular medicine; now some of their graduates are prominent in organized medicine.

Medical schools have added physiotherapy to their curriculums, further broadening the field of investigation of means—other than surgery and drugs—to combat the ills of mankind. The osteopaths have added medicine to their schooling. It is not at all unreasonable to predict the day

A "Must" FOR PSORIASIS

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METHENAMINE-PLUS

For urinary antisepsis

Hexalet "Riedel" is a superior complete agent, presenting a chemical combination of methenamine (39.1%) and sulfosalicylic acid (60.9%).

DOUBLE ACTION

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Thus Hexalet alone renders the alternate administration of methenamine and a separate urinary acidifier an unceessarily cumbersome therapy. Simplification of dosage is achieved with an *increase* in therapeutic efficacy.

WELL TOLERATED

Hexalet "Riedel" is safe! It does not induce nausea or hematuria, as may other acid antisepties . . . nor invite the toxic reactions that attend the use of newer agents.

Dosage: 2 tablets dissolved in a half a glass of water, 3-6 times daily.

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Pyelitis, Pyelonephritis, Ureteritis, Cystitis, Prostatitis, non-specific Urethritis, and preand post-operative use.

Riedel & Co., Inc., Brooklyn, N. Y.

HEXALET

when the osteopath will be absorbed into regular medicine, much the same as have the homeopaths and eclectics. Clifford E. Henry, M.D.

Kirksville, Mo.

TO THE EDITORS: I always enjoy sitting in on the controversies aired in MEDICAL ECONOMICS. So I read with interest your editorial dealing with osteopaths.

My father and I hold the allopathic fort, while my brother and two uncles are standard-bearers for the ottopaths. With an open mind regarding the healing arts, and after thirty years of practicing medicine. I am of the opinion that neither of the above branches has a monopoly on the brains, nor on the best methods of bringing patients back to normal.

A great many families now have a family osteopath, as well as a family physician. The honestosteopath knows and admits his limitations. To be little the successes of osteopathy in the eyes of an educated public—as the A.M.A. has done—shows our group to be too narrow-minded to deserve its position of leadership.

If osteopaths can help our patients get well—and they often can—then we must cooperate with them to that end . . .

H. N. Flexer, M.J. Joliet, Ill.

TO THE EDITORS: I happened to see your February editorial, and enjoyed it very much. Allow me to add that I think some sort of rapprochement between medicine and osteopathy would be a great thing.

John L. Ulmer, D.O. Toledo, Ohio

TO THE EDITORS: I could not honestly advise any young man to study medicine and begin practice here in Maine. The young osteopath has twice as good a chance to get started in this State.

Osteopaths here have their own

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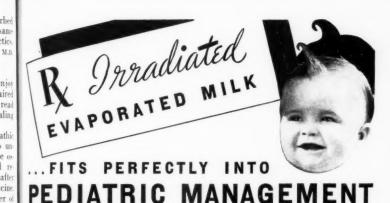
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THE first few days of the infant's life may mark the beginning of the rachitic process, if, prenatally, the mother has been inadequately supplied with calcium, phosphorus and Vitamin D. To these children, as to normal babies, Irradiated Evaporated Milk, usually supplemented with Vitamin D medicinals during the early months, contributes importantly in rickets prevention.

Supplies Vitamin D Automatically
Subsequently, when the mother's vigilance relaxes with respect to extradietary Vitamin D, Irradiated Evaporated Milk, if originally prescribed by her physician, provides this antirachitic factor automatically. This "good habit started early" carries on its good work even though the mother consults her physician less frequently, and neglects to give Vitamin D medicinals to her baby.

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Irradiated Evaporated Milk provides all the nutritive factors and advantages of regular evaporated milk, plus Vitamin D. It is not suggested to alter or supplant, but to supplement your customary antirachitic measures. Irradiation for Vitamin D enrichment adds nothing to this product's low cost.

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3-year study on more than 600 children.
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ALTHOUGH the cause of many menstrual aberrations may lurk obscurely in some systemic condition, the relief of symptomatic manifestations proves extremely beneficial . . . while constitutional measures are being in-

augurated.

Ergoapiol helps remarkably to mitigate discomfort and normalize functional expression, by its tonic stimulus of smooth rhythmic contractions of the uterine musculature, and its hemostatic effect. Its dependable efficacy derives from its balanced content of all the alkaloids of ergot, together with apiol (M.H.S. Special), oil of savin and aloin.

Indications: Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, menopause, in obstetrics.

Dosage: One or two capsules three or four times daily.

How Supplied: In ethical packages of 20 capsules.

Write for booklet: "Menstrual Regulation by Symptomatic Treatment"

MARTIN H. SMITH CO.



ERGOAPIOL

separate examining board and are licensed to practice medicine, surgery, obstetrics, and the rest. When the osteopaths got started we had a Christian Scientist as Governor. He is now a United States Senator. I cite this as background to the fact that the profession in Maine has little or no influence with our legislature...

K. B. Tracy. M.D. Portland, Me.

DRUGGISTS

TO THE EDITORS: What should physicians do about neighborhood druggists who enjoy being called "Doctor" by their customers, and who prescribe for skin lesions, coughs, etc.? One local druggist, I hear, is now giving injections to customers who buy ampoules.

Shall I talk with the druggists frankly? Should I start dispensing myself? I'd like to hear from any of your readers who have faced the same situation and have found a way.

out

Samuel Finkelstein, M.D. Brooklyn, N.Y.

"UPHEAVAL"

TO THE EDITORS: One of your provocative articles discussing better representation for the general practitioner in organized medicine posed the following three questions:

"1. Do you believe general practitioners should have an organization representing their particular inter-

ests?

"2. Do you believe such an organization should be independent of the A.M.A. or a part of it?

"3. Would you join and support such an organization?"

My answers are (1) Yes; (2) Part of it; (3) Yes.

J. Paul Kent. M.D. Altavista, Va.

TO THE EDITORS: I believe the general practitioner should have an organ-





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Free samples on request

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Congratulations, Doctor, for staying streamlined! THIS stork, fortunately will listen to reason, so specify a shortwave machine with every advantage - a machine whose tubes (are guaranteed for AT LEAST 2 years; 1942 1941 with cable (19) treatment and induction facilities, with pads with air-spaced treatment drum, Bear in mind, too, that you need the maximum of BOTH cutting and coagulating currents to use it for ALL your surgery. So BE particular. Chaose.

BIRTCHER



ization devoted to his special interests; it should be *independent* of the A.M.A.; I would gladly join and support such an organization.

H. C. R. Norriss, M.D. Kelso, Wash.

TO THE EDITORS: Every issue of MEDICAL ECONOMICS contains helpful information for physicians. I have found of particular value your "Upheaval in General Practice" articles. Many of us have felt all along that the Government's prosecution of the medical profession is aimed at methods which specialists, not general practitioners, have instituted and perpetuated—yet general practitioners are forced to bear equal blame.

We are hoping that the men who follow us into general practice may be able to capitalize on some of the measures proposed in your articles. looking toward a more equitable form of representation in organized medicine . . .

Cecil H. Wilson, M.D. Bartow, Fla.

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TO THE EDITORS: Unless G.P.'s are given more recognition in official medical bodies, and more respect by the specialists, socialized medicine is around the corner.

M.D., New York

TO THE EDITORS: The general practitioner's ambition is not to see how far he can go in governing his colleagues, but rather to see how much good he can do for his patients. I would sincerely question the wisdom of forming an organization which would distract the G.P. from this goal and require new expenditures of time and money to purposes other than care of the sick . . .

W. S. Bartholomew, M.D. Lebanon, Neb.

INNOVATOR

TO THE EDITORS: The adoption of green for walls, furniture, sheets, and

MOLASSES TO INCREASE IRON IN THE DIET

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NEW FINDINGS SHOW ITS HIGH IRON CONTENT IS OVER **80% AVAILABLE**

QUICK SUMMARY

RESULTS: New Orleans molasses, known to be one of the richest food sources of iron, has now been proven to contain iron of from 80% to 97% availability.

HOW TESTED: (A) Chemically and biologically¹. (B) Clinically².

SUGGESTED USES: For child feeding where its high calorie value plus iron content make molasses a valuable dietary asset; and to provide extra iron during preg-

AVAILABLE IRON CONTENT: 0.653 mgs. per table spoonful in Brer Rabbit Molasses

—Gold Label grade. 1.078 mgs. per tablespoonful in Brer Rabbit Molasses—Green Label grade.

SUGGESTED AMOUNT: One to three tablespoonfuls daily. This may be taken plain, on bread, cereal, desserts or in milk. Physicians may vary the amount, depending on the iron need, age, condition and tolerance of the individual.



It is the high iron availability in molasses which, combined with its rich iron content, places molasses ahead of practically every other food as a source of absorbable iron.

To supply up-to-date, exact data on this subject, the makers of Brer Rabbit Molasses co-operated in carrying out chemical, biological and clinical research. A brief summary of results of the chemical and biological tests is reported here for the information of the medical profession.

The molasses used in all of these tests was BRER RABBIT NEW ORLEANS MOLASSES. Medicinal iron was used as the standard for comparison.

The chemical and biological tests confirm the high iron content of Brer Rabbit Molasses; they also show the availability of the iron to be over 90% in the Gold Label grade and over 80% in the Green Label grade.

Taste preferences for molasses differ. Brer Rabbit comes in two flavors to meet all re-quirements. If a dark, full-flavored molasses is desired, specify Green Label Brer Rabbit (Molasses "B" in table). If a light, mild-flavored molasses is wanted, specify Gold Label Brer Rabbit (Molasses "A" in table).

Because of its low cost and palatability, may we suggest that you recommend the use of New Orleans molasses where a higher iron content in the dietary is desirable? Penick & Ford, Ld., Inc., Manufacturers of Brer Rabbit Molasses, New Orleans, La.

TABL	E١			mg	Total iron 100	1	er Con avail- ability	-	ire	n O gm
Molasses	** A	201			3.2		97			3.1
Molasses	E	3""	*		6.0		85			5.1
Beef Live	er.				8.2		70			5.7
Oatmeal					4.8	0	96			4.6
Apricots	(dr	y)			4.1	٠	98			4.0
Eggs					3.1	٠	100			3.1
Wheat					5.0		47			2.4
Raisins (A	fus	sca	(3		3.0		62			1.9
Parsley .					3.2		50			1.6
Beef Mus	cle				3.0		50			1.5
Oysters .					5.8		22			1.3
Cabbage .					1.8		72			1.3
Mutton .					5.1		24			1.2
Lettuce .					1.5		63			0.9
Spinach .					2.6		20			0.5

*Brer Rabbit—Gold Label **Brer Rabbit—Green Label 1. Am. J. Dig. Dis., Vol. VI., No. 7 (Sept.) pp. 459-62, 1939.

Clinical research completed. Paper being pre-pared for publication. Reprints of these papers will be sent physicians on request.

15



SLOW GRINDING

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VIM SMOOTHNESS

Slow-grinding produces the smoothacting syringe that frees you of exasperating leakage and backfire, of faulty, "sticky" action.

Slow-grinding matches each piston and barrel to an individually exact fit within 1/10,000". Slow-grinding is the marvel behind the velvety smoothness and tightness of VIM Emerald Syringes.

And because Slow-grinding does not injure the temper of the glass, VIM Emerald Syringes maintain their accuracy and smoothness indefinitely. The Slow-ground VIM is the longest lived, lowest-cost-to-use syringe you can buy.

All standard sizes; order from your surgical instrument dealer by the name VIM.



uniforms in the operating room of a St. Louis hospital is not, as reported in your February issue, a new idea. In the Autumn of 1932, Children's Hospital in Akron instituted the use of a pleasing green color for just these purposes.

A. S. McCormick, M.B. Akron, Ohio

The green motif at Barnes Hospital St. Louis, was not reported as a new idea but as a milestone in a trend. In fact, anyone who wagered Dr. McCormick a new Spring bonnet that the use of green in hospitals began even before 1932 would no doubt collect,—THE EDITORS.

CURE-ALL

TO THE EDITORS: If the profession wants to dabble with state medicine. let's advocate it wholeheartedly. I suggest:

1. Sponsorship and regulation by the profession.

2. Limitation of medical-school applicants.

3. Government hospitals with teaching and research divisions.

4. Minimum internships of two

5. General practitioners' salaries to start at \$2,500 annually; rising \$500 a year to \$5,000.

6. Specialist-training (at reduced salary), after ten years' general practice and examination.

7. Specialists' salaries to begin at \$5,000 a year; advance \$1,000 an nually to \$10,000. 8. Three-month "brush-ups" every

five years, with full compensation. 9. One month annual vacation, with

pay, for every physician.

10. Retirement on half-pay after age sixty.

The above would eliminate the "high cost of medical care." Every G.P. would be well-trained; economic worries non-existent. No needless surgical procedures would be done. Not

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s sure. Not CAN you use the large storage space, the sanitary foot lift and free top space of a Castle modernized cabinet instrument sterilizer, or do space restrictions demand the stripped-down portable model?

The first gives your office a "lift". Both are practical and have the same "Full-Automatic" sterilizing safety...the same lifetime CAST-IN-BRONZE boiler...the same rugged dependability.

We suggest that you modernize now...while prices are still low. Don't delay. Write to:

WILMOT CASTLE COMPANY

1143 University Ave.

Rochester, N. Y.





Castle C-416

CASTLE STERILIZERS

would there be too many M.D.'s.

Where to get the money?

That can easily be worked out by the financial wizards in this country. Oscar Hurovitz, M.D.

Roxbury, Mass.

DIAGNOSTIC

TO THE EDITORS: Discussing the question of health insurance projects in your January issue (p. 39), you mentioned that in a certain New York City project a plan is in operation which includes "diagnostic tests from one of two local hospitals." How often must your readers write to remind you that diagnostic tests are not done by a hospital but by a doctor? If that doctor is employed by a hospital and his services sold cheaply, a nice precedent is set whereby the hospital can hire a surgeon or internist and sell therapeutic services also. May I suggest that you and your writers keep perpetually on the alert to emphasize that diagnostic tests are still medical tests, and if for the sake of temporary convenience they are given away or sold cheaplin a health insurance scheme, it will be but a short time till other medical services are treated likewise. The quality of medical care and treatment will be lowered, and the ultimate price for these services will properly to the same of the services will properly the same of the services will properly the same of t

L. Henry Garland, Ma San Francisco, Calif.

The phrase we used read in full: "diagnostic tests, through his doctor, from one of two local hospitals." D. Garland's point is well taken, nonetheless.—The editors.

CERTIFICATION

TO THE EDITORS: While on the subject of certifying G.P.'s, why not start the same move for industrial physicians? As chief physician for

To administer AMINO ACIDS

THE synthesis of plasma proteins . . . the reconstruction of tissue proteins . . . and the formation of enzymes, hormones, and possibly even some vitamins in the body—are all vitally dependent on the intake of amino acids.

Yet, the normal supply may be seriously curtailed by anorexia, dietary limitations, or faulty metabolism.

To relieve threatened or actual blood protein deficiency, Aminoids provides essential amino acids, hydrolyzed by enzymic digestion from native proteins—together with carbohydrates, reinforced with vitamins B₁, C, and D. Available in plain and chocolate flavor. Indicated for both children and adults. Send for literature.

THE ARLINGTON CHEMICAL CO., YONKERS, N. Y.

palatable and immediately assimilable form...

INDICATIONS
Conditions in which
blood protein deficiency exists, such as
underweight, gastric
ulcers, convalescence,
nephrosis, and pre- and
post-operative feeding-

Bulk to PREE TO Diets an on your 9°9D C

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Prescribe AMINOIDS

THE MULTIPLE AMINO-ACID PRODU



These low-calorie diets, (1700 calories for men, 1200 for women), supply all essentials of good nutrition with possible exception of vitamin D. Permit safe weight loss or about 14 pound a day. Wide variety of foods are listed, making it easy for the patient to plan or order low-calorie meals.

Ry-Krisp is indicated as bread because each delicious rye wafer yields only 23 calories, supplies 7 International Units vitamin B, furnishes energy economically, and provides bulk to help stimulate natural elimination.

RIE TO DOCTORS! Supply of Low-Calorie Diets and samples of Ry-Krisp. Address request on your letterhead to Ralston Purina Company, 9'9D Checkerboard Square, St. Louis, Missouri.





Ry-Krisp is an unleav-ened bread made only of pure whole rye, water and salt, baked into crisp wafers. A fine-flavored, wholesome all-purpose bread. Sold at most food stores in the U.S.

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For Maximum. Hematopoissis

All the benefits of iron . . . with All the benefits of manganese

—rendered fully assimilable by organic combination in peptonate form with partially predigested albumin.

GUDE'S PEPTO-MANGAN

is completely non-acid, non-irritant to gastric mucosa, and free from corrosive or staining effect on the teeth.

INDICATIONS:

For hypochromic condition in anemias of all types, during convalescence, after operations or prolonged fevers, for undernourished children or elderly persons.

SUPPLIED:

In bottles of 11 fl. oz, or boxes containing 60 tablets, each separately enclosed in a safe and convenient wax-covered paper.

Each tablespoonful (15 grams) contains .2745 grams of pertonate of iron and .0973 grams pertonate of manganese. Alcohol 16%.

Samples on Request



M. J. BREITENBACH CO. 160 Varick St., New York, N. Y.

company employing 1,500 men, I cat see many advantages in certification, both to the physician and the employe. Chief objective, perhaps, would be the elimination of unscrupulous practitioners invading industrial practice, cutting fees, hiring untrained men, and dispensing inadequate care.

Marvin R. Houck, M. Carbon, W. Va.

ADVERTISEMENTS

TO THE EDITORS: Every day there comes to my desk more advertising literature than I can possibly read Hastily I glance through it, and occasionally find a choice descriptive pamphlet which is worth keeping. have plenty of filing space for 3" x5" and 4" x 6" material, but the only place most of this literature will fit is in my waste basket. Why do big drug houses spend so much money trying to be different? It makes about as much sense as it would for railroads to have odd-sized cars. appreciate the fact that a few companies have taken steps to alleviate this condition.

Theodore E. Wade, M. Pueblo, Col.

CORRECTIVE

TO THE EDITORS: May a podiatrist crash your pages?

I happened to see your Januar issue and was interested to note that the gentleman who posed for the picture in the advertisement on page! has a rather severely depressed meta-



Pictures In This Issue

- P. 41—De Palma-Black Star (top): Wide World
- P. 46—Gisler-MEDICAL ECONOMICS
- P. 56—Kaiden-Keystone
- P. 57—Globe P. 58—Lambert-Frederick Lewis
- P. 65—Pictures, Inc.
- P. 68—Ewing Galloway

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FOUR REASONS WHY

You Can Recommend HEINZ Strained Foods With Confidence!

- VITAMINS AND MINERALS are preserved in high degree by scientifically cooking finest-grade fruits and vegetables—vacuum packing them in special enamel-lined tins. Quality is controlled from seed to container.
- THE MOST MODERN cooking, straining and packing methods known to science have been developed by Heinz specialists working in the famous Mellon Institute of Industrial Research at Pittsburgh, Pa.
- FURTHER ASSURANCE of uniform excellence is furnished by constant research work of scientists in Heinz Quality Control Department.
- ALL HEINZ STRAINED FOODS on dealers' shelves are checked regularly by Heinz salesmen and replaced with fresh stocks after a limited time.



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FOR ALL these assurances of quality, mothers pay no premium in price. And they know—as you do—that the famous 57 Seal and the Seal of Acceptance of the American Medical Association's Council on Foods mean protection for baby! Recommend these 14 ready-to-serve foods for the infants in your care!



Heinz Strained Pears And Pineapple

• This delicious blend of favorite fruits has a mild flavor of juicy, ripe Bartlett pears enlivened with the more tart, refreshing tang of select tropical pineapple. It is particularly fine as a first fruit for babies who have not yet become accustomed to the taste of more acid fruits. And its natural sugar content makes it a good source of energy.



THESE TWO SEALS MEAN PROTECTION FOR BABY

HEINZ Strained Foods

14 KINDS-1. Strained Vegetable Soup with Cereals and Yeast Concentrate. 2. Strained Beef and Liver Soup. 3. Strained Tomato Soup. 4. Strained Mixed Greens. 5. Strained Spin-ath. 6. Strained Peas. 7. Strained Garrots. 10. Strained Peas. 11. Strained Mixed Cereal. 12. Strained Peunes with Lemon Juice.

13. Strained Pears and Pineapple. 14. Strained Apricots and Apple Sauce.

tarsal arch of the right foot. This condition, apparently of long standing, has caused a dorsal retraction of his second, third, fourth, and fifth digits, together with a lateral deviation of his great toe, and a consequent over-riding and crowding of his fifth toe by the fourth.

I mention this because the condition is so common and yet it is so often overlooked by physicians. Trivial as it may seem, it can, nevertheless, cause a host of associated symptoms. When a patient complains of tiredness and pains throughout his thighs and legs, it would be well for the M.D. to look first at the feet. Corrective measures applied to the feet would in a great many instances assure the patient of comfort.

Dr. Arthur A. Macaluso Waltham, Mass.

FILIAL

TO THE EDITORS: Like several of my acquaintances, I practice with my father. He is an outstanding internial

I have observed the tenseness in such offices. The son feels the community is denying him the right is display his merit. He is constant reminded what a marvel the "old man is. He is advised to imitate him if he expects success. If he accidentally stumbles, Father joins the cry that such a situation never hap pened to him. If Son has new ideas. they're "theoretical." He must forget them-or practice on his own.

Never, never must there be a no ticeable break in the routine. If Father has been nice to Mrs. Brown (a pain in the neck) so must Junior Or at the next sewing circle Mrs. Brown will spread the news that the young upstart will "never be the man his father is." Yet patients often complain that sons of prominent physicians lack confidence or ability. What really is meant is that they rarely have dominant personalities.

M.D., Wisconsin

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IN COLDS AND SORE THROATS

The VAGINA becomes an OXYGEN TENT

ACTION: That is literally what happens—the vagina becomes its own oxygen tent—when safe, soothing STA-O-GEN is used in the treatment of both specific and nonspecific leukorrhea.

At body temperature, in the presence of moisture, every particle of this ozonide of olive oil becomes, in effect, a miniature factory, producing and releasing a relatively huge amount of nascent oxygen, steadily and unremittingly for many hours.

*CONCLUSIONS:—effective in the

treatment of leukorrhea in general: (a) eliminates unpleasant odor of discharge; (b) cuts down or eliminates irritation inside and without vagina; (c) reduces quantity and density of discharge, including that following cauterization.

It is non-irritating and

STA-O-GEN

the bland, drugless, continuous nascent oxygen therapy for...

non-toxic in contradiction to the arsenic and picrate preparations,

equally effective and actually soothing especially:(a) in the infantile vagina; (b) in the senile vagina; (c) in trichomonas vaginalis vaginitis of pregnancy.



Liquid for office use. Capsules for prescription. All wholesalers are stocked with these preparations for your druggist's convenience. Literature and samples on request. **Treatment of Leukerrhea with Ozonide of Olive Oil: David Nye Barrows, N. Y. State Journal of Medicine, Vol. 41, Jan. 25, 1941.

LATIMER LABORATORY, INC. . DEPT. F-1 . 41 EAST 21 STREET . NEW YORK

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These photographs were taken in the laboratory where Swan's skin tests were made and they show actual participants.



Hands in for 60 m onds. One hand in Sur solution, the othering tile solution. 120 won and children-240 han -took part in the unique immersion tes Place:- laboratory of leading pathologist. Par pose: - to test Swar mildness against 4 of n finest imported "100 olive oil" castiles. Free solutions of Swan and a tile were made daily. I solutions were of equ suds value.

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SWAN BORROWS 240 HANDS

Tests show this new, pure, floating soap is as mild as finest imported "100% olive oil" castiles

As a doctor, you make purity and mildness first considerations in recommending a soap, whether for adult or infant skin.

These attributes have given fine imported castile its high acceptance among doctors.

In developing Swan, it was our aim to achieve castile standards of purity and mildness in an improved, but low-priced, floating soap.

On these two pages, we bring you clinical evidence that we have succeeded our purpose, evidence supported by 240 "borrowed hands."

We hope you will read the stor of these unusual tests. We areson these factual data will convint you that Swan Soap meets you most exacting requirements for personal as well as professionalus

SWAN FLOATING SOAP

PURE AND MILD AS FINEST IMPORTED CASTILE

MADE BY LEVER BROTHERS COMPANY, CAMBRIDGE, MASS.

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Hands out for 30 seconds. Whether 6 or 26 or 60 years old, subjects responded promptly as "stop-watch orders" were given. Hands were immersed to about 2 inches above the wrist; in for one minute, out for a half minute, 20 minutes in all. This procedure was continued three times a day for two weeks at a stretch.



Hands scored twice daily. Before first and last immersions, daily, careful medical observation was made for any unusual pathological manifestanons, including roughness, redness, drying, chapping, presence of any astemic or specific skin lesions. Obective findings as well as subjective notations were recorded.

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Proving

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Proof of Swan's mildness. Results, as finally charted, reveal: 34% of the subjects showed no difference in reaction. 43% reacted more favorably to Swan. 23% reacted more favorably to castile. Total findings disclose that on nearly 80% of all subjects Swan is as mild in its reac-

tion on the skin as fine im-

ported "100% olive oil" cas-

tiles. 60,8% of all children

tested showed even more fav-

orable reaction to Swan than

pure as even the finest imported "100% olive oil" castiles. There are excellent reasons, to be sure, for both Swan's purity and mildness. All fats and oils are of highest grade, carefully refined to remove impurities. Swan has no free alkali, no free fatty acid, no coloring matter nor strong perfume. It will not go rancid.

breakdowns reveal Swan is as

Swan has further advantages. Bland, gentle, and mild as imported castile, Swan costs no more than old-style floating soaps. Yet it suds twice as fast; it is firmer; longer-lasting; whiter; smoother; fresher-smelling. Here is a soap that both you and your patients will approve.

NOTE: We are introducing Swan Soap in one district at a time. Even though it may not be distributed in your city yet, we felt sure you would want to know about this unusual new floating soap in advance.

to castile soaps!

DIABETIC DIETS can be improved and

varied with KNOX GELATINE (U.S.P.)

We have compiled a booklet which may save you time and trouble in preparing diets for your diabetic patients. It is called "Feeding Diabetic Patients—Young and Old."

The booklet contains a discussion of the principles of diabetic feeding, practical tables of food composition expressed in percentages of 100-gram portions, sample menus, and 33 pages of simple, economical and attractive recipes with composition and caloric value of all foods and recipes.

The use of Knox Plain (Sparkling) Gelatine is explained, with examples of how Knox Gelatine can give variety to appetizing "full-sized" meals without interfering appreciably with caloric requirements. (Knox is 85% to 87% protein—entirely free of sugar.) It contains a majority of the food amino acids and has been shown to supplement protein of nearly every variety of food.

Also included in this booklet are typical dietary prescriptions representing Normal Carbohydrate Maintenance, Restricted Carbohydrate High Fat, Diabetic Reducing and Children's Diabetic diets.

The coupon below will bring you as many of these diet booklets as you require, without obligation.

Your hospital will procure Knox for your patients if you specify it by name.

KNOX GELATINE

A SUPPLEMENTARY PROTEIN CONCENTRATE



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Please send me () copies of "Feeding	Diabetic	Patients-Young	and Old
I understand there i	s no obligation.			

SEND THIS COUPON FOR FREE BOOKLETS

Name...

Addres



Hypertension

ere is wide divergence of opinion as to treatment of the many and en obscure contributing causes of high blood pressure. But on at least epoint most physicians agree—the desirability of providing prompt deflective relief from symptomatic distress so often associated with cular hypertension.

this purpose, ALLIMIN Concented Garlic-Parsley Tablets have often in found impressively effective. Hytensive headaches and dizziness altinvariably yield to treatment with medication—and in a remarkably it time—sometimes in just a few is Headaches are completely cleared considerably relieved in most cases—imess in nearly all. And in a majority cases, there is a marked decrease in hystolic and diastolic pressure durperiod of medication.

ial tests on the hypotensive efficacy ALLIMIN have recently received macological confirmation. A New investigator devised a technique evaluating hypotensive medication, g cats as the test animals because blood pressure remains remark-constant under laboratory condi-s Direct blood pressure readings made by means of a cannula ined into the carotid artery. Eighteen were injected intraperitoneally a solution of ALLIMIN. Almost ediately a fall in blood pressure oced, reaching an average reduction 72 mm. Hg. systolic pressure in 30 utes. In the six control animals, d pressure readings remained at the inal levels.

LIMIN, containing simple vegetable stances does not rely for its effect on

drug principles which sometimes have high potentiality for harm. Each tablet contains 4¾ gr. garlic concentrate and 2¾ gr. parsley concentrate with excipients and coating. A special process of manufacturing makes these tablets tasteless and odorless.

There are no contraindications to the use of ALLIMIN, and no incompatibles. Accordingly, the tablets may be prescribed in combination with other medication when desired.

The recommended dosage is two tablets with water t.i.d. after meals for three consecutive days, skipping the fourth day. Medication is then resumed, again skipping every fourth day.

ALLIMIN is advertised exclusively to the profession. For liberal sample and pertinent literature, check, sign and mail coupon to

4	VA	NI	PATTEN	PH	ARMACE Chicago.	UTICA	L CO.
ţ	54	W.	Illinois	St.,	Chicago.	Dept.	M.E.

Gentlemen: Please send me the following:

- Reprint of article: THE EFFICACY OF GARLIC CONCENTRATE IN REDUCING BLOOD PRESSURE as determined by Standardized Pharmacological Tests on Cats from: Medical Record 152:354, 1940.
- Professional Sample of ALLIMIN.

M.D.

Address

ARGYROL SAFE AND EFFECTIVE

IN ANY CONCENTRATION ON ANY TISSUE

50% SOLUTION AS BLAND AS 1%

To destroy infectious organisms is a simple matter, but to accomplish this without injury to the delicate tissues in which they are imbedded and without toxicity is another problem entirely. It is because are are not acquirement that, in 40 years of worldwide use, it has achieved a reputation as the ideal mucous membrane antiseptic. Various conditions call

for different concentrations, but in all concentrations ARGYROL is safe and effective. ARGYROL is not an oily base preparation, not a vasoconstrictor, not a mercurial; nor a harsh astringent. It has a superior clinical record to all other mild silver proteins and it is chemically and physically different—in colloidal dispersion. in Brownian movement, in pH, in pA, and in chemical reaction.



NO CILIARY INJURY-NO TISSUE IRRITATION:

The "ciliary sweep" is a vital factor in throwing off upper respiratory infections. ARGYROL, despite its protective consistency, does not injure ciliary action. In addition to its adequate bactericidal effect, its mechanical action is detergent, demuleent, pus dislodging.



DECONGESTION WITHOUT VASOCONSTRIC-

TION: The continued use of vasoconstrictors may lead to sogginess, and loss of tissue resiliency. ARGYROL is inflammation-dispelling but induces no powerful artificial vasoconstriction.



NO SYSTEMIC TOXICITY: ARGYROL has been extensively employed in children and adults alike, but no case of systemic toxicity has ever been noted—and this despite the fact that it has been instilled into cavities as the sinuses, the bladder and the renal pelvis where it might be unsafe to employ some of the toxic metal solutions.

INSURE YOUR RESULTS . . . SPECIFY THE



A. C. BARNES COMPANY, NEW BRUNSWICK, NEW JERSEY
For 40 Years Sole Makers of ARGYROL and OVOFERRIN

"ARG \ ROL" is a registered trade mark, the property of A. C. Barnes Company.

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SIDELEGHTS

It is generally assumed that only church audiences pray. Yet audiences at medical meetings pray, too. The theme of their prayer is generally that the speaker will talk louder and more slowly.

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It is unfortunate that medical audiences which engage in prayer don't fold their hands or bow their heads. For as it is, the speaker has no visble means of knowing that prayers

are being offered—unless, of course, some venturesome soul tips him off by yelling. "Louder!"

If the Forgotten Listener were ever to wrest himself loose from the shackles of convention and give audible vent to his feelings, it's not hard

to imagine what he'd say:

"For God's sake open your mouth and speak up so we can understand you...Get your face out of those notes...Let the men in the back of the room hear you, as well as those in the front row..."

Whereupon the gentleman on the platform would walk off in a huff or speak up as directed. Either of which could be depended upon to please

the audience no end.

Sad to relate, though, most listeners are painfully polite. They pray in silence. With the result that the offending speaker never realizes the 400ny he is inflicting.

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The reason why patients become dissatisfied and drift away are many. One reason is the physician's failure in certain cases to point out to the patient all the expenses that will have to be met as a result of a particular operation or series of treatments.

Only last month, a layman of our

acquaintance waxed indignant over an experience he had had. It seems that a few weeks previously he had consulted a surgeon about an operation and had asked the usual question, "What's it going to cost me?" The practitioner replied, "My fee will be \$100," and let it go at that.

After the patient had been operated upon, he received the surgeon's bill for \$100 as expected. But he also received a bill from another doctor—the anesthetist—who had never been mentioned to him, whom he never saw, and for whose services he had not expected to be charged.

The patient was not slow to take offense. He blamed the surgeon for not having informed him in advance. Further than that, he evidenced some suspicion of collusion between the surgeon and the anesthetist.

The patient's last-mentioned conclusion was entirely unjustified and we told him so. Nevertheless, it was apparent when further service was needed, he would consult another doctor.

Health insurance, it is often said, would correct the situation in which some physicians are deluged with patients while others sit idle, their ears tuned hopefully for the creak of the waiting room door.

On the surface, the argument seems like a tasty one. But it deserves careful chewing before being swallowed.

In the first place, if it refers to voluntary health insurance, it is untrue. Among several authorities that can be cited on this score is the Wisconsin State Medical Society, which has studied health insurance as thoroughly as any organization in the

RESEARCH THAT KEEPS

PATTERSON SCREENS AHEAD

KEEPS YOU AHEAD, TOO!



At work in Towanda, developing your X-Ray Screens and guarding their uniform quality, are the trained forces of the Patterson Research and Testing Laboratories. .studying and improving production machinery, guarding the purity of base materials, checking screen performance and uniformity. .in a never ending study of what goes on inside your cassette.

Through this close concentration on one problem—the development of better X-Ray Screens—have come such contributions to better diagnosis as: the first brilliant fluoroscopic screen; the first double intensifying screens; the first High Speed Screen; and the dependable uniformity of all Patterson products.

Today, among all the variables that must be considered in X-Ray work—such as voltage, amperage, exposure, distance, etc.—the one constant you can always count on is the uniform performance of your Patterson screens.

And for the future, developments of the Patterson Research Laboratory will continue to contribute to the further improvement of X-Ray diagnosis...constantly pressing toward new horizons for developments which will make available better base materials and finished screens.

THE PATTERSON SCREEN COMPANY
Towanda, Pa., U. S. A.

country. It is the concerted opinion of this society that "Voluntary health plans hold no promise of distributing equally among physicians all the demands of subscribers. The busy physician will continue to be busy and the unoccupied physician will continue to be unoccupied."

If the argument refers to compulsory health insurance, it is in large measure true. A compulsory system would undoubtedly do a great deal to equalize the size of physicians' practices. It would artificially enlarge the clientele of the doctor who had fared poorly in private practice while curbing that of the doctor who had succeeded. Which is another way of saying that skilled practitionerwould have fewer patients and less skilled ones would have more.

We doubt, however, that the most ardent proponent of socialized medicine would care to have an appendent omposition of the make the grade under the present competitive system,

"They have a car; so I don't see any reason why I should consider them as objects of medical charity."

This, spoken bitterly, often accompanies a doctor's instructions to his attorney or collection agent. The resoning behind it is perfectly clear. The family has been willing and able to save money to buy a car; so why shouldn't it be willing and able to save money for the more pressing item of medical service?

The rightness of the doctor's claim can scarcely be challenged. Yet the family also has a point of view which while not wholly logical, deserves to be understood. It goes like this:

"We gladly denied ourselves in order to accumulate enough money to buy a car. But how can we be expected to set aside money with equal enthusiasm for an operation that we don't want, an illness that we didn't ask for, or a medical expense that we

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New Knowledge about Proteins

in the diet for nephritis

New studies in the protein content of a popular breakfast cereal are of interest to doctors who are specifying diets for their kidney patients.

KIDNEY disorders increase the destruction of tissue protein. If the det does not replace this loss, nitrogen blance cannot be well maintained and' the patient loses weight and strength.

Proteins supplied should have high biological value

However, the body does not require a minimal amount of total protein but rather a minimal amount of each of those 10 amino acids which are essential to mainimal restore tissue. To spare the kidneys as much as possible, many physicians advise for their patients foods which are

known to supply all 10 of these indispensable amino acids.

Recent research — both liboratory tests and feeding experiments — carried on by a leiding authority on proteins hisshown that all 10 essential amino acids are contained in Wheatena in biologically available form.



Wheatena is made from selected winter wheat of high protein value. Nothing is added to the whole grain, and nothing taken away except the glassy outermost coating.

From the standpoint of proper nutrition for the nephritic patient, Wheatena is an economical source of protein because of its high biological value. As you would expect, its carbohydrate content exerts a "sparing" influence upon protein metabolism.

And Wheatena is economical in the popular sense. . . It costs less than 16 a bowl. Men and women alike enjoy Wheatena's tempting, toasted-wheat flavor.



WHEATENA The Natural Wheat Hot Cereal

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NICOTINE CONTENT

Scientifically Reduced to LESS than **1**0/



SANO cigarettes are a safe way and a sure way to reduce your patient's nicotine intake. Sano provide that substantial reduction in nicotine usually necessary to procure definite physiological improvement. With Sano there is no question about the amount of nicotine elimination. With Sano you encounter none of these variable factors involved in methods which merely attempt to extract nicotine from

WARNING

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tobacco smake. With Sano, the nicotine is actually removed from the tobacco itself. Sano guarantees always less than 1% nicotine content. Yet Sano are a delightful and satisfying smake.

FREE PROFESSIONAL SAMPLES

oppression in 16th For Physicians of 16th For Physicians Conference (16th For Physicians (16th Fo

NAME

can't predict, estimate, or even | sure of incurring?"

Proper approach is for the medical profession to sell the public to idea of health as a radiant, desirable asset. Building a budget with which to keep healthy then becomes comparable psychologically to saving for an ewe car or for anything else which is actively desired.

Any dentist can vouch for the fact that a patient will save more on scientiously for a set of false test which he wants than for a filling necessitated by pain which he doesn't want. Once the public is educated anticipate the joys of good health, will budget for them as it budget for the joys of an automobile, radio, or an electric refrigerator.

More than one able physician hipoured his literary soul into a seriof collection letters for delinquer patients. But it is doubtful if an ever produced a more fetching epish than the ambitious secretary who is her boss' absence typed this ultimatum to a debtor:

"Unless we receive your check for \$50 by April 6 we shall take steps that will astonish you."

Writing a good letter of any sof requires a peculiar touch. The second if there is a secret, says Charles & Emley in Nation's Business, is be "Put yourself in the envelope and seal the flap."

The correspondent who does that first sweeps his mind clear of the cliches that make most business letters so banal. He speaks his mind with as little formality as the matter and the character of his corresponded will permit. He throws in at least or conversational, human touch.

Finally, having written this epish he reads it over and asks himself it conveys the thoughts he intended to convey and if everything is clear. In the event that there's the slightes doubt, he revises the letter before sealing himself inside the flap.

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othage "An agent which supplies bulk within the bowel (bulk which is smooth, gently stimulating, non-irritating); an agent which re-educates the bowel to normal function and breaks the cycle of catharsis."

70U, the physician, know the real I value of Smoothage. You know that the mucosal lining of the intestinal tract is a delicate membranethat stimulation of bowel activity must be gentle, based on the presence of ecret smooth, bland bulk.

You can doubtless affirm, from firsthand experience, the folly of combating constipation with harsh cathartics and irritating roughage materials which so frequently aggravate the exis let sting condition.

Proceeding from these facts, Searle Research has evolved an agent which actually supplies the bulk necessary to overcome sluggishness in the bowel

-yet provides it in a form that is gentle, bland and soothing to the irritated mucosa. The product-

Widely acclaimed in the management of constipation, Metamucil-2 mixes instantly with fluids, and is unusually pleasant to take. May we send you a sample for clinical trial?



Ethical Pharmaceuticals Since 1888

CHICAGO New York Kansas City San Francisco

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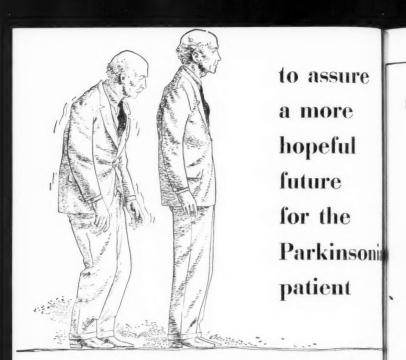
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HE response to 'Rabellon' therapy in Parkinson's disease and paralysis agitans is often prompt and dramatic. Many patients who have been unable to walk due to the failure of muscle co-ordination have regained sufficient muscle control following seven to ten days of treatment to enable them to walk unaided.

A recent report reviewing an extensive series of cases states that of thirty-four patients with post-encephalitis (Parkinsonism), 50 per cent were markedly improved and 32 per cent were moderately improved. Some became entirely free from symptoms and the majority were able to work. Of eighteen patients with paralysis agitans, 17 per cent were greatly improved and 33 per cent were moderately improved. It must be realized that treatment with 'Rabellon' as well as all other known forms of therapy in this disease is purely symptomatic.

'Rabellon' Tablets are supplied in 0.5-mg. (total alkaloids) tablets in bottles of 100 and 1000. The tablets are quarter-sected to permit administration of small doses for initial treatment.

Rabellon

· Sharp Doline

NOTE TO

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Matement:

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Even a doctor may sometimes forget!

We realize that you know more than we do about the effects which caffein has on the human system. But we're sure that you won't mind if we repeat these four cardinal points ...

- 1. The caffein in coffee ... even in small amounts ... may dull the sense of fatigue. At the same time, it may cause the sleeplessness that robs the system of rest.
- 2. The use of coffee may be contraindicated in certain cardiac and nervous diseases. If continued, its use may cause pulse irregularity, constipation, diarrhea, loss of appetite, etc.
- 3. Like the effects of any stimulant, the effects of caffein may last as long as 48 hours, in many cases!
- 4. At the first sign of harmful effects of caffein, many doctors urge the patient to "Switch to Sanka Coffee." Sanka Coffee is 97% caffeinfree, so cannot produce any of the harmful effects due to caffein.)

SANKA COFFEE

REAL COFFEE . . . 97% CAFFEIN-FREE

NOTE TO DOCTORS: Try Sanka Coffee ourself - at our expense. Mail the coupon br a quarter-pound can. Sanka Coffee has een accepted by the Council on Foods of the American Medical Association with the statement: "Sanka Coffee is free from caffein effect and can be used when other coffee has been forbidden." Sanka Coffee is available in "regular" grind, and in the popular, new "drip" grind. Make Sanka Coffee strong . . . a heaping tablespoon to a cup. A General Foods Product.

> General Foods Corp M. E. 4-41

SAMKA SAMKA	GENERAL FOODS, Battle Creek, Mi Please send me, free and without obli	
COFFEE	CityState This offer expires Dec. 31, 1941. Good	



(Number two in a series of six.)

Common problems in the management of peptic ulcer

"What are you doing to obtain such rapid ulcer healing?"

X-ray examination demonstrates a decrease in the size of the ulcer in 10 days when Amphojel* is administered by the continuous intra-gastric drip. Pain is relieved in 8 to 24 hours.

Four striking features of Ampho Wyeth's Alumina Gel, are recognized clinicians:

Amphojel provides prompt relief in pain. It permits rapid healing of b ulcer. It cannot be absorbed and eli nates the hazard of alkalosis. It duces excess acidity without complet neutralizing the gastric contents.

Amphojel, Wyeth's Alumina Gol

Fluid Antacid . . . Adsorbent One or two tenspoonfuls either undil

or with a little water, to taken five or six times di between meals and on retin Supplied in 12-ounce bollie

For the Convenience of Ambulatory Patest Wyeth's Hydrated Alumina Tabl Antacid

One-half or one tablet in half glass of water. Repeat five six times daily, between me and on retiring.
Supplied in boxes of 60 tablet

AMPHOJE

Il yellis Mumina Gel



JOHN WYETH AND BROTHER, INC., PHILADELPHIA, PA 36

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EDITORIAL

Defense and the doctor's income

OAs defense expenditures skyrocket higher every day, the question naturally arises:

How will these billions affect the income of the American physician in

private practice?

The question can be answered briefly by stating that expenditures for medical care increase as national income increases—and that national income is certain to increase under the impetus of the defense program. But the matter deserves closer examination.

In a study made by the National Resources Committee ("Consumer Expenditures in the United States," p. 51) the population of the country is divided into three income groups of equal size. One group, comprising families and individuals with annual incomes of less than \$780, is shown to spend only 12 per cent of the national outlay for medical services. The middle group, whose incomes range between \$780 and \$1,450, spends 25 per cent. While the top group, with incomes above \$1,450, spends 63 per cent.

Essentially, the study shows that the sums paid by the American people for medical care are in direct ratio to their incomes. It follows that as national income rises so will expenditures for medical care rise.

Administration sources have predicted a 1941 defense outlay of ten billion dollars. Actually, it will be far greater, substantially exceeding the most lavish public-works or public-assistance budget of the last decade. At least a temporary boost in our national income will be the result.

Current estimates indicate that national income for 1941 will top eighty billion dollars. This is some six billion dollars above the 1940 mark and about twice the depression-low figure of 1932. Larger expenditures for medical care are, therefore, a foregone conclusion.

Public-works and public-assistance projects tend to sustain their beneficiaries on a bare subsistence level at which they cannot afford to pay for much in the way of medical attention. But an armament drive (while it lasts) provides jobs at real wages. The scale of pay in defense industries, even for semi-skilled workers, runs up to and above \$1.450 a year.

The national preparedness program can thus be expected to lift a large body of families and individuals from the lower income level into the higher brackets where they will be able to buy and pay for adequate medical service. Their shift from a non-paying to a paying status is bound to be reflected markedly in the physician's income.

The unpalatable part of this temporary affluence is that it is being bought at the price of war.

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Postgraduate study: 1941 style

Bedside instruction draws doctors to classes at Wayne County's continuation school

O"I just don't have the time or money for postgraduate study."

It's an old refrain. Too often, the complaint is justified.

Postgraduate study frequently involves a more or less extended absence from practice during a period of intensive study at a medical center. Expenses are likely to be high, counting in the trip, tuition, and living costs. To say nothing of the stoppage of income from practice.

To these drawbacks must be added the fact that most available courses consist chiefly of lectures and clinical demonstrations. Certainly these forms of teaching are important; but they're not the whole story. Sometimes a doctor in active practice feels the need of instruction more practical and utilitarian than can be obtained from academic lectures.

Such handicaps, of course, by no means constitute the swan song of postgraduate study. But they present a challenge.

In Wayne County, Mich., an alert medical society has answered that challenge by instituting a brand new kind of continuation school. Founded in 1939, this school was made to order for the physician who can't give up practice to engage in studies at distant medical centers.

According to Dr. Ralph H. Pino,

president of the Wayne Count Medical Society during the school formation, the basic purpose of the experiment has been "to permit a doctor to become a student again for as long as he wishes—and to assure him of practical, bedside instruction under competent teachers."

Here's the way the school works Courses take the form of clinical conferences, laboratory studies, and bedside instruction, with emphasion the latter. From the beginning it's been a fixed policy to minimize didactic teaching as far as possible and to supplement it with practical and realistic instruction.

Each school year is divided into two sixteen-week semesters, the first from October through January, the second from February through May Although instruction in general med icine is the chief aim of the school classes in many of the specialties are included in the curriculum Anatomy, cardiology, dermatolog and syphilology, haematology, in dustrial medicine, laboratory terpretation, physiotherapy, and pediatrics are some of the subject covered in the present school year Practically all the courses—applied anatomy is an exception-take h one hour a week.

Ten hospitals in the Detroit are cooperate by setting aside for

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days each week during which their facilities are open to doctor-students. In fact, the success of the plan may in large part be traced to the helpfulness of the local hospitals, many of which have amplified or revised their teaching schedales to accommodate the school's

Only six doctors are allowed in any one bedside section. This limilation means that enrolling physicians must designate alternative hours, days, courses, and hospitals when they sign up. Nevertheless, the small size of each teaching group has proved to be the one feature of this school most often

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Instructors are chosen from two ources: (1) experienced private practitioners, and (2) staff members of local teaching hospitals. The latter are usually also faculty members of Detroit's Wayne University College of Medicine, a Class A school. During the current year there are forty instructors, all of whom donate their services without charge. However, the school hopes that next year it will prove possible to compensate these teachers.

When the first bedside classes met on October 15, 1939, 207 physicians had enrolled for one or more courses. This number constituted over 10 per cent of the society's total membership, and almost 20 per cent of its general practitioners. So great was the response that many applications had to be refused for lack of teaching facilities.

Enrollment has remained at a high level during the current school year, even though it has proved necessary to charge tuition of from \$5 to \$60 per course. (Courses were free to society members the first year.) Attendance so far has averaged over 80 per cent. Considering that enrollees are doctors busy with their own practices, this reveals a highly sustained interest. Ages of student-physicians have varied all the way from 30 to 77.

More than to anyone else, observers say, the success of Wayne County's continuation school is due to Dr. Pino. An energetic Detroit ophthalmologist, Dr. Pino was a guiding spirit behind the planning of this project, and has served as director since its advent. The county society has now appointed an assistant director, Dr. Fredrick Yonkman. Officials expect that the school will soon require a full-time executive staff.

Many of the courses offered are naturally of value to a doctor who is preparing himself for certification in one of the specialties. But founders of the continuation school point out that its program is fundamentally laid out not so much to develop specialists as to instruct physicians about the latest developments in general medicine. It's a purpose that has met with wide acceptance; almost 90 per cent of the doctors enrolled so far have been general practitioners.

Detroit physicians expect that the idea of a postgraduate school which concentrates on bedside teaching will spread to other cities throughout the nation. There are limitations, of course. It is felt, for example, that a successful program requires the presence and friendly cooperation of a Class A medical school. But with some seventy-five approved colleges now dotting the United States, there's good reason to hope that many enterprising medical societies will adopt the Wayne County model.

ROBERT A. WEEKS



I'm in the army now!

BY LIEUT. TED F. LEIGH

102nd Medical Regiment

Caught in the web of a great national emergency, thousands of U.S. physicians are being called to build the new American army. This is their story, as revealed in the personal record kept by Lieutenant Ted Leigh, M.C.R. It is printed here just as he jotted it down in his notebook. The chronicle begins when he closed his office in New York City and left for twelve months' training at Fort McClellan. Ala.

NEW YORK, JANUARY 10, 1941

② Just two-and-a-half years ago I was commissioned a lieutenant in the medical reserve. Until yester-

day, I never really identified my self with the spectacle of world up heaval which has since unfolded Now, suddenly, I'm a part of it

Last evening, the local medical reserve office telephoned, asking me to report for a physical exam. That's how I spent this afternoon.

What a routine! First you will for half an hour; then a man in uniform takes your name and address, records previous physicals and notes childhood diseases, operations, and what not. Next comestitute of the specialized departments where you get a dental check-up.

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The army calls—and a new Efe begins for thousands of reservecorps doctors like Lieutenant Leigh. First order is to report for a physical exam (right). If passed, assignment to active duty becomes an immediate reality, packed in the terse words of an official telegram (opposite page). Then to camp (below) and a regimen far removed from private practice.







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chest X-ray, urinalysis, Wassermann, smallpox and typhoid vaccinations (if needed), and an EENT exam. (Despite one of the worst colds I've ever had, my nares were put down as "normal"!) Finally, they test your lungs and heart.

The doctors took us four at a time, and went over us pretty quickly. Altogether, the exam took about three hours—including waits. I was glad to get out. (Educational note: I'll be a little more gentle with my patients from now on, seeing how it is.)

JANUARY 16

Six days—and still no word about the physical exam. I'm certain I passed; yet the suspense is killing. The only things that might conceivably flunk me are my chronic sinusitis and my weight, which is a trifle low. But the army is inclined to overlook such minor deficiencies just now. Officers are too badly needed for the huge expansion program. Even married men are being called.

JANUARY 17

I telephoned the colonel down at headquarters. He told me it usually takes seven to ten days to get a report of a physical. So I'll just have to sit tight.

Guess I'm like many other doctors in the reserve. We want to get into the army for a year; but we hate to abandon the practices we've slaved for. I'm counting on finding a trustworthy friend to take care of my patients while I'm away—someone who will impress upon them the fact that he is only substituting for me. Even if I find such a man, I'll still be lucky to get many of my patients back when the shooting's over. Wonder how fast a patient forgets?

JANUARY 21

At 7:00 P.M. I got a telegram ordering me to active duty for one year, effective Feb. 4. On that date I'm to "proceed without delay" to Fort McClellan, Ala., where the 27th Division is in training.

Thank Heaven the preliminaries are over! Even though I didn't have a say-so about where I preferred to be stationed. The Government ticket takes me South, so that's where I must be needed most. Now that everything's settled, I'm rather looking forward to it—in spite of having to give up practice.

They're allowing me the two weeks I asked for to wind up my "affairs." Nor is it any too much in which to close up shop on one way of life and get ready for another.

JANUARY 24

Today I got my uniform—or, rather, part of it. The prices surprised me. Here in New York, a uniform which includes the essential items costs anywhere from \$100 to \$300. depending on whether you get stock supplies at a military store or a hand-tailored outfit from an exclusive men's shop. I found no great difference between the material used in the inexpensive and in the high-priced clothes. It's mostly a matter of fit.

After shopping around, I decided not to get everything right away—only the stuff I'm sure I'll need. The rest can go till I've reached camp and have seen exactly what's essential. So far, I've bought a blouse, a Sam Brown belt, two khaki shirts and a black tie, a pair of light colored trousers (pinks I believe they're called), a belt to go with them, and shoes.

I'm still undecided about a coat

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for wear outdoors. There's the usual long overcoat, or the Mackinaw which I hear is used a lot, or the trench coat with detachable wool or camel's-hair lining. The trench coat sounds like the best bet, more I think of it. It can be used as a raincoat and topcoat both. Memo: Get the darker shade; it won't need cleaning so often.

Total cost without the coat figures out to about \$80. It looks as if I'll have spent \$150 before I'm

through buying.

FEBRUARY 3

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So busy today I hardly had time to

Found no one to leave my furniture with, so had it placed in storage. The landlord was very decent about breaking my lease, although I don't suppose he could very well have refused under the circumstances.

Making final arrangements at the office required quite a bit of time. In fact, I ended up spending practically the whole afternoon there.

I've had to buy my railroad ticket out of my own pocket, but the Government will make it up eventually. Officers get eight cents a mile travel allowance. That'll more than cover my expenses.

Joined several of my closest friends tonight for a farewell dinner. Two in the party, it turned out, have friends at McClellansome of them high-ranking officers. I'm making it a point to remember the names.

To bed late, the alarm set for 7 A.M.

FEBRUARY 4

Off to catch the 9:30 train for camp. As of this date, I'm temporarily out of the practice of medicine. Not without regrets, though.

For it's hard to leave behind everything you've been working for so long. The practice I was slowly building up disintegrates into just so many "former patients." Out of sight, out of mind is probably as true in medicine as it undoubtedly

I'm determined to keep in touch with my best patients, though, even if it's only a postcard once a month. Some doctors entering service have had the good luck to be stationed close to home, where they can run down on week-ends to keep an eye on things and even handle a few cases. But in spite of winding up a thousand miles from home, I'll be fortunate in one respect: Most of the boys at camp come from around New York City. A few of them, I hope, will become my patients when I get back.

The train ride goes quickly enough. Probably the excitement. In the next car are thirty or forty British sailors going down to Mo-

FOR SPEEDY BILLING: Next time you order a batch of statements, have the lower half of each form imprinted with ruled lines. Here's how the new blanks will save time:

Right after the first of each month, your secretary fills in the names and addresses of current accounts on the statements, which are then filed alphabetically in a box kept handy on her desk. When she posts daily charges in the ledger, it is easy for her at the same time to type them on the corresponding statements.

Consequently, no matter what time of month a patient asks for his bill. it is immediately ready for him. And when the billing period comes around, all your secretary has to do is stamp in the date on each statement, slip it into a window envelope, and mail it out.

bile to embark on a secret mission. They are riding first class. Britain certainly treats her subjects royally, if this is a fair example.

I'm writing this in an upper berth. The subdued clatter of the train is like a song you can't help listening to. It gives some people insomnia. Not me. Drowsy...

FEBRUARY 5

Early this morning we pulled into the city of Anniston, from which I taxied the remaining six miles to Fort McClellan. The camp impressed me as drab and strange, like the forested winter countryside surrounding it.

First to Post Headquarters, to sign in. Then to 27th Division Headquarters to see the Adjutant, who tells me I've been assigned to the 102nd Medical Regiment. Which means, of course, that my job will be field work and training of recruits, not base hospital duties.

A sergeant took me around to Medical Regiment Headquarters, where I presented my orders. Had to answer a few questions about the schedule of departure and arrival on my trip down, how many dependents I have, and so on. The first lieutenant in charge at headquarters, I learned, is not a doctor, but an enlisted man long in the army and familiar with administrative work.

The army picture is something like this: Every division—fifteen

HEAT SOURCE: A small quantity of steel wool fastened to a metal handle or merely wrapped around an old forceps will, when dipped in alcohol and lighted, make an excellent source of heat. A particular advantage is that it can be used over and over again.—GERALD W. BLANTON, M.D., Athens, Ohio.

to twenty thousand men—is divided into regiments of artillery, infantry, engineers, etc. There may be several of each of these in a division, but there is only one medical regiment. Each regiment is further divided into battalions, and the battalions into companies. Of their functions, more later.

My greatest shock was to learn that—along with the rest of the army—my day starts at the cheerless hour of 5:45 A.M. Once out of bed we answer roll call, eat breakfast, and straighten up our quarters (all officers have orderlies to carry out the latter job).

The day's work starts at 7:45. Apparently, my duties will be many and varied at the start. Among them: lectures on such topics as first aid, fractures, simple anatomy, and physiology; hikes with the rank-and-file of the regiment: and physical exams for new arrivals. Lunch is at twelve; then back on the job until 5 P.M. After that. time's your own, unless you've been assigned some special detail. Dinner is at 6, but we can leave the post anytime after five as long as we're back by 10:30 for taps. Only time we can sleep away from the post is Saturday night. Week-ends last from noon on Saturday until 10:30 P.M. Sunday.

The doctors I'll be working with are all congenial and helpful. More are due from time to time as the regiment is brought up to full wartime strength. Every one seems to be happy in his work, and that means a lot. But I can see right now there's not going to be very much actual medical work.

[A second installment of Lieutenant Leigh's personal record will be published next month.—THE EDITORS]

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When it's wise to itemize

"For professional services" is not always enough, opinion-census shows

② Everyone, unfortunately, has met the kind of person who regards a doctor's bill as a personal challenge. His tune goes like this:

"Sure I saw Dr. Brown about a cold last month. And what happens: I get a bill saying 'For professional services, \$16.' Old Brown certainly soaks it on heavy."

Rarely does the casual listener challenge the point raised by this patient. Yet a persuasive question or two would probably elicit this memory: The patient saw Dr. Brown four times; his sore throat was painted on each occasion; and he received a series of anti-cold inoculations. In this light, Dr. Brown's fee begins to look quite reasonable.

A misunderstanding of this sort, multiplied several times, can readily mar any practice. Yet it might have been avoided entirely by sending an itemized bill.

To determine the pros and cons of itemizing bills, and to uncover similar expedients, MEDICAL ECONOMICS interviewed a diversified group of physicians. Opinion was found to be pretty evenly divided on the merits of itemizing. Both points of view are supported by sound practical reasoning.

REASONS FOR ITEMIZING

"It's surprising how often patients

honestly forget some major part of their treatment," a busy practitioner remarked. "Maybe it's because they're excited or upset. Then too, forgetting may sometimes accom-



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pany an attempt to rationalize about an unpaid bill. Under any of these circumstances, an itemized bill safeguards against misunder-

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Undoubtedly, a patient is less likely to pay when he's forgotten what the bill covers. A lump-sum statement gives him that opportunity to forget. When the same bill is broken down into its component parts, however, each item of service listed acts as a prick to the conscience.

"My bills are itemized," another doctor reported, "for the psychological effect on the patient. He is made aware of exactly how much has been done for him. Consequently, I find, the bill almost never an-

tagonizes him."

Patients frequently compare fees charged by different physicians. Logically enough, the dangers of unjust comparisons are far greater when lump-sum statements have been used.

Cases where the patient's bill is paid by a third party were also recommended for itemizing. Likewise, according to many men interviewed, services rendered to Sammy, Susie, Aunt Agatha, and a house guest should be separated on the bill. An undifferentiated total may cause confusion.

BUSINESSMEN LIKE IT

One specialist pointed out that businessmen in particular prefer to receive a detailed statement. Accustomed to exactitude in their own affairs, they appreciate it in dealings with professional men. "A business man recently sent a lumpsum bill back to me," this doctor reports. "I asked him if he felt he had been overcharged. He replied that he merely wanted to know

what services were included, and how the figure was determined. Upon receiving an itemized accounting, he sent a check promptly. In fact, he also presented me with an office desk, declaring that the charges as revealed in my second bill

were not high enough!"

Another specialist explained a further advantage: "Itemized bills help, I find, in collecting from slow payers. Not a few of these patients have a tendency to set aside a lump-sum bill pending discussion with the physician, whereas a bill which reveals how the total was calculated seems less capricious. and consequently is less open to dispute."

REASONS AGAINST ITEMIZING

Also unearthed by reporters were persuasive arguments against itemizing. Several physicians said they found little demand for detailed bills. "I don't recall getting a request for an itemized bill during the last three or four years," one of these men stated.

Others felt that making out detailed statements involves unnecessary effort. Notes must be kept on every service performed; each item must be verified and recorded at the end of the month; and the time required of doctor and secretary is

correspondingly increased.

Another objection turns on the fact that itemized bills may create a false impression of the worth of various elements of medical attention. Thus a \$3 charge for a consultation may seem unjustified alongside a similar charge for a concrete item such as a vaccination. The exercise of high skill and experienced judgment can rarely be adequately expressed on a monthly statement. [Turn the page]

VARIANT METHODS

Many physicians interviewed, having learned the disadvantages of adhering exclusively to either itemized or non-itemized bills, reported the use of compromise methods. Perhaps the commonest of these is to send a lump-sum statement with this line printed on the billhead: "The individual items which make up this account may be inspected in the office." This device forces a dissatisfied patient to risk seeming penurious or petty in order to clear up his discontent. Such an inquiry also requires a troublesome effort. So that the patient is likely to pay up rather than prolong his dilem-

Another suggested technique is to explain to the patient, during treatment, how his bill will be determined. This is excellent insofar as it encourages a patient to consider the fee while his doctor is attending him. But some physicians say this method gives undue emphasis to the size of the fee.

Several doctors reported making it a point to ask each new patient if he prefers receiving an itemized bill. Still more physicians itemize the *first* bill sent to new patients, as well as the first bill of a new series sent to previous patients.

SUMMARY PROS AND CONS

Generally speaking, it's apparent that three main benefits may be derived from itemizing: (1) The chance of misunderstanding about services and charges is considerably reduced. (2) Collections are often facilitated. And (3) a physician's reputation in regard to feesetting is better protected against unjust comparisons.

Three disadvantages may also be cited: (1) Itemizing requires a good deal of time to perform a service which is not always expected. (2) Some patients will be led to consider as justified only those services which are concrete or quantitative. Finally (3), these bills sometimes imply that a doctor is chiefly interested in building up a large fee.

BEST RULES TO FOLLOW

With both sides of the question thus weighed, the evidence suggests adherence to a flexible, middle-ground policy. To itemize *invariably* may be to waste time; and *never* to itemize may be to invite needless difficulties.

The problem is perhaps most efficiently solved at the discretion of an intelligent secretary, acting upon these general principles: Itemized bills should be sent at least for a time to new patients, and at the beginning of a new treatment series to previous patients. All complicated bills, especially those sent to someone other than the patient, are also best itemized. Finally, detail-minded people and businessmen will often appreciate this form.—J. C. MORRISON

CRIB SHEETS FOR TABLE: If you prefer cotton sheets to paper covers for an examination table, chances are you've discovered that the cost of purchasing and laundering bed-size sheets can mount up.

In our office, we use crib sheets for this purpose. Size 56"x36" has proved to be the most convenient. There's a dual saving. First, crib sheets cost far less to buy (usually about four for \$1) than ordinary cotton sheets. A dozen or two may be bought at a time, and a conveniently large stock kept on hand. The other saving, of course, comes in laundering.—M.D.'S ASSISTANT, Ohio.

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We're on the air!

Medical broadcasts are winning greater listener-interest by an effective use of dialogue programs

O "Doctors on the radio? Their broadcasts are a washout!"

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Thus spoke the program director of a large network radio station. His remarks were aimed at the local medical society's midmorning series of health talks. But it could have been applied to many other medical programs—with equal justification.

That was two years ago. Since then, physician-broadcasters have seriously addressed themselves to these questions:

Is our medical program hitting home? How can it be made more effective?

Since the profession devotes several thousand hours a year to medical broadcasts, the questions are of wide importance. No simple, unqualified answers have been found. But experience has demonstrated three fundamental truths about medicine on the air:

1. Straight fifteen-minute talks are the easiest to produce. But because good scripts and experienced speakers are rare, they are usually dull.

2. Dialogue programs, either interview or question-and-answer, have a far higher interest value. However, they require more care in production.

Dramatic sketches have the highest potential audience interest. Nevertheless, scripts which combine skilled radio writing with sound medical facts are exceedingly hard to find. And the ratio of ideas presented to time consumed may be relatively wasteful.

Recent evidence suggests that interview programs, a compromise between ideal ease of production and ideal listener interest, are steadily gaining favor among medical society radio committees.

From WBNS in Columbus, Ohio, a weekly broadcast called "How's the Patient?" has been drawing praise on two counts: (1) its liveliness, and (2) its medical soundness. In large part the work of Dr. H. M. Clodfelter, it is produced by the Columbus Academy of Medicine in the interests of preventive education. A quarter-hour broadcast on Tuesday afternoons, "How's the Patient?" has an estimated audience of 165,000 listeners.

Here's how each program is prepared:

A subject is chosen, with an eye to its timeliness and its continuity with preceding broadcasts. The selected speaker is asked to rough out an interview script, with the explicit understanding that his words will be reworked by others. Dr. Clodfelter then takes the script, edits it carefully, removes technical medical terms, breaks up long para-

graphs, and passes it on to Irwin Johnson, WBNS director. Mr. Johnson watches for radio taboos and does any revision necessary to bring the script up to good standards of

radio technique.

When a final script has been obtained, a conference is held during which all aspects of the program are fully discussed. Several timing rehearsals are held, and problems of inflections or pauses are threshed out. Instead of lacking spontaneity, the resultant broadcast is a lively, true-to-life interview, crammed with solid medical information.

Constant watchfulness is required on this as on all radio programs. Once (and only once) it went on the air directly after a vigorous commercial for Carter's Little Liver Pills. But the station's scheduling department knows better now. Dr. Clodfelter combats radio's notorious skittishness about such words as stool, bed-wetting, urine, etc., by a subtle policy of introducing just one or two such words per program.

To prevent minor professional jealousies, physicians are given extra titles only when necessary to establish a speaker's special experience. "See your doctor" is not used as a recurrent slogan. Nor is any attempt made to "justify" the standards of the medical profession. When a controversial matter is aired, a consensus of reputable opinion is introduced on both sides

of the point.

So large has been the response to "How's the Patient?" that special question-and-answer programs must be scheduled frequently to take care of listeners' queries.

A number of pitfalls must be avoided in producing interview programs. Most common mistake is the tendency to include oversimple questions. Listeners usually like to identify themselves with the interviewer; hence any childlike ignorance displayed in his lines is likely to cause annoyance. Occasionally it is good showmanship to permit the interviewer to trip up the expert; and always it is wise to have him contribute something to the discussion.

No script should be aimed at the Vast Radio Audience. Ordinarily, listeners are either alone or in groups of two or three. Scripts which are written for huge audiences are apt to sound sententious to a solitary listener. Likewise, many original drafts tend to be too formal and orderly. In a genuine interview people do not speak in well-organized paragraphs, nor do they always finish their sentences. It follows that a few interruptions, hesitating searches for the mot juste, and other changes of pace can add life to most interviews.

Poor radio voices (especially those which read dialogue without pauses or inflections) should be avoided whenever possible. Statistics should be shunned like the plague. And in rewriting technical terms for a layman's vocabulary. care must be exercised to avoid anything that might be interpreted as patronizing. Most listeners may not know what a sphygmomanometer is, but they will instantly resent any trite explanation of what they do know.

More than lecture-like talks, radio interviews benefit from a meticulous attention to minor details But judging from the increasing tioner number of dialogue broadcasts, and plied: from the added interest which the liona arouse, it's worth the extra trouble, were

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What's in your bag?

BY RENDEL BLAKE

OA study of 1,000 patients, conducted by five Winston-Salem, N.C., physicians, indicates that 85 per ent of the people who seek medithat contained in the doctor's handbag. What the physician should earry in his bag is therefore of been raised so often that general practitioners were invited not long ago by MEDICAL ECONOMICS to submit their opinions. Tables on the following pages show their response in composite form. The many items suggested by G.P.'s appear in the tables classified by groups and further designated as either "Vecessary" or "Optional." Those labeled "Necessary" ks, rawere mentioned a me by almost every details general practieasing tioner who reits, and plied; the "Oph the tional" items rouble were recom-

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what less often. An average handbag will accommodate all the "Necessary" items listed. [Turn the page]



SPANE mended some-

The Contents of the GP's Bag

Necessary

Optional

MISCELLANEOUS

Prescription pad

Instruction pad or sheets Dispensing envelopes Professional cards Blank checks Indelible pencil Street map and directory Tourniquet Safety pins

DIAGNOSTIC EQUIPMENT

Sphygmomanometer
Stethoscope
Otoscope
Ophthalmoscope
Ophthalmoscope
Page if dash light

Pencil flashlight
Tongue depressors
Thermometers (oral and rectal)
Tape measure

Head mirror Magnifying glass Percussion hammer

Grooved director

INSTRUMENTS

Scalpel and assorted blades Forceps Needle holder Hemostats Probe Scissors (surgical and bandage)

sizes)
Needles (assorted types and sizes; preferably pre-threaded with sutures, in sterile tubes)

Sutures (assorted types and

Eye spud and lancet
Jaw opener
Safety razor and blades
Skin clips
Forceps (1. skin-clip 2. offsethandle 3. splinter)
Ear knife
Ear curette
Catheters (various sizes)
Stomach tube

Specula (nasal and vaginal) Mouth gag

Mouth gag
Eye magnet

The Contents of the GP's Bag

Necessary

Optional

HYPODERMIC SYRINGES

11/2 or 2 c.c.

10 or 20 c.c.

DRESSINGS

Applicators Cotton Sterile gloves Lubricating jelly Gauze pads Adhesive tape

Gauze pads
Adhesive tape

Band-aids Vaginal packing Nasal packing and tampons Sterile towels Cellulose tissues Finger cots

Bandages (assorted widths)

ANESTHESIA EQUIPMENT

Ether mask Ether Novocaine

LABORATORY EQUIPMENT

Hemoglobin chart Culture tubes and swabs Specimen bottles for blood chemistry and Wassermann tests

Blood-counting set (pipettes, jabber, alcohol, acetic acid. Hayem's Solution, slides, cleansing solution) Benedict's Solution or Galatest

DRUGS

Hypodermic medications

Morphine, either in tablet form (gr. ½) or in solution Morphine and atropine combined, either in tablet form (morphine, gr. ½; atropine, gr. 1/150) or in solution

Apomorphine, gr. 1/10
Codeine, gr. ½ and ½
Strychnine sulfate, gr. 1/30
and 1/60
Saline tablets

[Turn the page]

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al)

The Contents of the GP's Bag (cont.)

Necessary

Optional

DRUGS (cont.)

Ampoule solutions

Adrenalin (usually in water; sometimes in oil)
Caffeine and sodium benzoate
Coramine or metrazol
Digitalis preparation
Pituitrin
Ergotrate
Sterile water

Tetanus antitoxin

Camphor in oil Amyl nitrite Typhoid vaccine

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Sedatives

Barbiturates Triple bromides

Antiseptics

Alcohol
Iodine (or one of the following: merthiolate, mercurochrome, mercresin, bichloride of mercury, metaphen) Silver nitrate Benzine

OPTIONAL MEDICATIONS

Acetanilid compound Anesthetic ointment Anti-pruritic ointment Argyrol Aromatic spirits of ammonia Aspirin Aspirin compound Aspirin compound with codeine Bile salts Boric acid ointment Boric acid powder Calomel Carminatives. Cascara Collodion Cough syrup Cystitis tablets Diarrhea preparation

Digestive powders Dover's Powder tablets Ear drops Eye wash Gargle tablets Hormone preparations Ipecac . Laxative pills Mouth wash Nitroglycerine tablets Nose drops Paregoric Quinine Silver nitrate Sodium bicarbonate Sulfanilamide Sulfapyridine Tannic acid jelly

Watch the consumer movement!

Part 2: Co-ops, women's clubs, and the Government cut across medical lines in their consumer activities

OThe fee-for-service system finds its sharpest contrast in the medical cooperatives. Some day, evolution may bring the two together. If not, an eventual showdown will force one or the other from the field.

Medical cooperatives are relative newcomers to the expanding realm of the consumer movement. But they've managed to cut a fancy figure in the liberal press and in the affections of important left-wing pressure groups. Actually, they have attracted controversial attention far beyond their present potentialities.

COOPERATIVE ROOTS

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A cooperative is simply a form of business organization. But its implications are far-reaching. Proponents describe it as a "way of life" and as a method of mitigating the evils of the profit motive.

Across the medical world, the shadow of the modern consumer movement falls like a portentous question-mark. What it signifies is seen in the story of its four main channels of influence: the testing agencies, consumer cooperatives, women's clubs, and government bureaus. MEDICAL ECONOMICS examined the first of these last month; dissection of the remaining three, plus a summary of the trend as a whole completes the analysis.

The first cooperative, a tiny grocery store, was founded in 1844 by impoverished weavers in Rochdale, England. The business structure they pioneered may be defined as an organization which supplies commodities or services to ownermembers and returns any profits to them in proportion to their patronage.

In Britain and the Scandinavian countries, cooperatives have cut themselves a fair slice of the total business volume. While not as successful in the United States, they have multiplied rapidly in the last decade. In early 1940, Government estimates show, retail co-ops numbered 4,350, had a membership of 925,000, and reported annual sales totaling \$211,653,000.

THE MEDICAL CO-OPS

Under a strict definition, genuine medical cooperatives in the U.S. number no more than seven or eight. Chief among these are the Farmers' Union Cooperative Hospital of Elk City, Okla.; Greenbelt Health Association, Greenbelt, Md.; Group Health Association of St. Paul; Group Health Association, Inc., Washington, D.C.; and Group Health Cooperative, Inc., New York City.

How a medical co-op works may be seen from a brief description of the Group Health Cooperative, Inc., now getting under way in New York City.

G.H.C. is a non-profit organization offering complete medical care on a prepayment basis to persons in the low-middle income brackets. Top income level for individual subscribers is \$2,000; for a family of four. \$3.600.

In return for annual dues of from \$17 to \$23 per individual subscriber, G.H.C. offers general medical care, including periodic physical examinations; all specialists' services; and laboratory procedures, when required. A surcharge of \$1 is made for the first house call in any illness, and maternity service costs \$25 extra.

As required by New York insurance law, all licensed physicians within the State are eligible for a staff contract with G.H.C. They are paid according to an elaborate schedule, replete with "capitation" and "unit" fees. The plan's sponsors allege that a general practitioner devoting full time to subscribers should gross at least \$8,000 a year.

Unlike the co-ops in Washington and Elk City, G.H.C. does not require either subscribers or participating physicians to own stock in the controlling organization. However, both groups are invited to purchase shares (par value: \$10). Control of G.H.C. is vested in the shareholders, with two limitations: (1) No individual, however much stock he owns, is entitled to more than one vote; and (2) purely professional matters are left to a medical board, at present headed by Dr. Kingsley Roberts (see cut).

Bitter conflict with organized medicine has marked the course of several medical cooperatives. But



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Cooperator Roberts

G.H.C. hopes that its liberal fee schedule and open-staff policy will avert professional antagonism. The local medical society, after studying the plan carefully, has taken no final stand. But if G.H.C. launches the vigorous membership campaign which it is now contemplating, the chance of an open scrap will probably increase.

STORM CENTERS

Bitterest opposition of organized medicine has been directed at Group Health Association, Washington, D.C., (immediate cause of the anti-trust suit against the A.M.A.) and at the Farmers' Union Cooperative Hospital, Elk City, Okla.

Control of these organizations, as of all true cooperatives, rests in the vote of the membership (except that purely medical decisions are made by a medical director). Neither of them, however, followed the customary genesis of being spontaneously organized by members alone. Both have recorded a

Federal sponsorship—not its status as a co-op—caused medicine to oppose Washington's G.H.A. (right).

Women's clubs have discovered "the health problem." Concrete example is the study kit (below) circulated by National Council of lewish Women. Contents include copy of Wagner bill and reprints from New Deal sources.





slow increase in membership.

Accusations leveled at these and at other medical co-ops include alleged unethical solicitation, underbidding, and interference with free choice of doctor. The co-ops, in return, accuse the fee-for-service system of having failed to care adequately for the low-income classes. They add that private practice makes ineffective use of modern preventive knowledge.

Beneath this deep-rooted controversy two facts stand out rock firm:

1. Co-ops are not necessarily breeders of socialized medicine, as some have charged. Neither is the cooperative business formula inevitably connected with the concept of government-in-business. The brick-bats of "socialized medicine" hurled in the fight over Washington's G.H.A. referred to its semiconcealed Government sponsorship—not to any quality peculiar to cooperation.

 Judged by their record, medical co-ops do not fully merit the attention they have attracted. None has had smooth financial sailing,

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and none has earned remarkable acceptance. One shrewd point of view classifies medical co-ops as a small, rather unpromising part of the trend toward prepaid medical service in general.

BUREAU OF CO-OP MEDICINE

Fountainhead of the campaign to establish more medical co-ops is the Bureau of Cooperative Medicine. Founded in 1936, the bureau is an off-shoot of the Cooperative League of the U.S.A., parent educational body of the co-op movement. Its purposes are self-defined

as "the assistance...in the establishment and improvement of plans of furnishing medical service on a prepayment basis," (Note that the bureau does not limit itself to cooperative plans alone.) Red-headed, fast-talking Dr. Kingsley Roberts, director of the bureau, bombards the public with a steady stream of pamphlets, articles, releases, and speeches.

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Since February 1940, this bureau has been supplemented by still another, the Group Health Federation of America, Inc. Linking seventeen different medical service



As the consumer movement expands, women backers of colin val op retail stores are concerning themselves more and more in a with programs for redistributing medical care.

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plans, Group Health Federation aims to promote prepaid medical service, and to supervise standards of member plans. G.H.F. president is Dr. Mahlon D. Ogden, of Little Rock, Ark.

WOMEN'S CLUBS

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Judged by membership alone, women's clubs are the most potent force in the consumer movement. Their power centers in a series of great national federations built around a variety of religious, occupational, educational, and social interests.

Recently, "the health problem" has gained an increasing audience from the women's organizations. Among the most active have been the General Federation of Women's Clubs, the National League of Women Voters, the American Association of University Women, the Women's National Institute, the National Federation of Business and Professional Women's Clubs, and the National Council of Jewish Women.

Their interest in medical problems has taken many directions. The General Federation, for example, encourages its 2,250,000 memers to engage in study programs on subjects ranging from syphilis and public health administration to the medical care of the indigent. The American Association of University Women (about 60,000 members) carries on a more direct program. In some cities (e.g., San francisco) it has founded and operated well-baby clinics. Other loal chapters survey their communby hospital facilities, crusade for physical examinations of every school child, and take active part n various public health ventures. n a booklet issued from national headquarters last year, the association analyzed the Wagner health bill and pronounced it the victim of unjustified criticism since "the bill actually does not...introduce health insurance."

The National Council of Jewish Women is particularly active in the medical field. To pave the way for a national health program, the council says it is "assisting in the process of formulating public opinion." A study kit called "The Health of the Nation" gives practical expression to this aim. The kit is filled (see cut) with a variety of leaflets, instructions to studygroup leaders, a copy of the Wagner bill, etc. Much of this material consists of reprints from the Interdepartmental Committee to Coordinate Health and Welfare Activities, from the Department of Labor's Children's Bureau, and from similar sources.

EVALUATION

More and more, the women's clubs are growing to resemble pressure groups. In theory, these huge federations are democratic structures designed to give voice to thousands of local clubs. But, actually, there is wide latitude for manipulation from the top. Thus a potent instrument for arousing public opinion and diverting it into selected channels is placed in the hands of a few leaders.

Often, it's true, women's club members are more interested in companionship, gossip, and a sense of being usefully busy than they are in active crusading. But their support has added momentum to a number of causes.

Women's clubs may not make or break the Wagner health bill. But their increasing interest in such

[Continued on page 91]

of con



Good morning, Nurse!

BY MARTIN O. GANNETT, M.D.

♥ Mr. Yurak's dermatitis dates back almost exactly to his arrival from Siberia two years ago. A little elementary detective work traces every exacerbation to the taking of a bath. Soap allergy, perhaps. But why only in this country? Had he never had trouble after bathing in Siberia? "Bath? In Irkutsk! Ha! In Irkutsk no water, only ice. Horses freeze. I swim in river this Summer, then swim in river next Summer. No soap."

"I've got this pain in my knee, Doctor. Two months now and it keeps me from sleeping. Undress? What for? I'm O.K. all over, I tell you. Just give me something for this knee. Arthritis, I figure. You don't have to show me you're earning your money."

It was hard work to get consent to a complete physical; and the rectal examination required a sale talk all its own.

"Say! What's that got to do wit a pain in the knee?"

The "arthritis" was cancer of the prostate, with metastases rid dling the whole pelvic girdle.

His recent gain in weight Dr. Gowan attributes largely to his two patients with lupus erythematosus. The carbon dioxide snow he use in treating them is obtained frefrom a neighborhood ice-cream emporium where the snow is packed around every outgoing ice-cream purchase.

"My trouble is too much by product."

The coldest morning of the winter was made memorable for me by call from Mr. Snyder. I arrive within fifteen minutes to find at to alroup in Sny

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unknown colleague already there. "Oh, we called your office, Doctor, to tell you not to come, but you'd already left." An ambulance pulled up as I was turning my car away. In all fairness, the voltage of Mrs. Snyder's hysterics often does rate a general alarm.

Last night a call from the Snyders was again relayed to me at the hospital. This time, I thought I'd wait a while to make sure about possible cancellations. There was no ambulance at the door when I got there, and no other doctor. No patient, either. The husband met me:

"She calmed down by herself, Doctor, and went out for some air, was just going to call your office." The Snyders always ring twice.

Mrs. Ellis for years has been feeling herself all over for the faintest indications of oncoming cancer. Mr. Ellis is a stolid citizen, immune to hypochondriasis.

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of fate:

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Last week the husband presents himself before me with an ulceration. The biopsy report shows—of all things—carcinoma of the breast.

At Grand Rounds, Dr. Costa decides to use powdered sulfanilamide on a wound, and wants to try it at once. Since there's none in the ward, Miss Curry dispatches a nurse to the third floor, another to the fifth, and the orderly to the supply room.

Meanwhile, as the Chief fumes silently, studying his watch, along comes a probationer. In her hand is a folded paper full of powdered

sulfanilamide.

How come? Oh, there were plen-

ty of sulfanilamide tablets in the ward, so she just crushed a few...

At the Graduate Fortnight exhibits, perhaps the most skillful preparation was the group of moulage casts of venereal disease lesions. The startling verisimilitude of chancre, chancroid, and lymphogranuloma reproductions was the marvel of the milling spectators. Said one: "This may be only a cast, but you don't get me to touch it. In fact, I'm going to wash my hands anyhow."

At intervals, far rarer in life than in Hollywood, the opportunity to work the magic of actual life-saving comes to a doctor. Last week, Interne Ashley was so privileged.

He was bringing a flask of citrated blood for the twenty-yearold boy with bleeding ulcer, when the nurse intercepted him. "It's too late, Doctor. He just this minute

went out."

By all the usual criteria the patient was indeed dead. No pulse, fixed dilated pupils, no heart sounds. But Ashley opened a vein and started the infusion anyway. After the second 100 c.c. the patient's heart was beating audibly. An hour later the boy looked around and smiled.

Ashley was on wings all day as he pocketed congratulations. He scrubbed in next day on the laparotomy undertaken to tie off the open artery, and watched the boy die a second time, even as a donor's blood was running into his vein.

My talk to the parents' group was on "Calories and the Diet." Followed the discussion period and questions:

"Doctor, how can I make my Shirley eat her cereal?"

"Why is it, Doctor, the more crackers I eat and the more grapejuice I drink, the more I gain?"

"What do you think's the matter with my daughter? She's fifteen years old and she sweats terrible."

Just a year ago, Mrs. Nehf, an assiduous syphilophobe, brought in a plump, apple-cheeked Pennsylvania girl, her new maid, for a Wassermann test. As on previous such occasions, Mrs. Nehf felt the need to apologize for the precaution. "You understand, Doctor, I'm sure. We have to live in the same house, after all; and we can't be too careful."

The youngster turned out all right, and that was the last I saw of her until two weeks ago. She came in by herself this time, and it took a third glance to recognize the milk-and-honey girl in this gaunt, hectically flushed face. She had been told she couldn't stay on if she didn't stop coughing, and she couldn't stop.

The apical shadow and the Gaffky count were not really a surprise after the physical examination. It turned out, after some field work, that Mr. Nehf had tried three sanatoria and found them wanting. He preferred to nurse his tubercle bacilli in the comfort of his own home.

Ned Frank, taking graduate medical work at the university on a part-time basis, has been bumping into the difficulties of becoming a school-boy again after five years. Not the least of these is the bewilderment of patients at the change in his status. Mr. Finkel, recommended to the doctor by the corner druggist comes back indignant: "I thought you said he was a doctor! I ring the bell, they tell me he went to school. Is there a shortage of doctors in this town that I should go to a fellow who'll do his homework on me?"

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In midsummer, Pete Simon. the neighborhood ne'er-do-well, was brought in by his father and told to strip. "Doctor," said Mr. Simon. "this boy of mine is twenty-one and never held a job. Never finished school, either; but he ain't really dumb. Just lazy. Now I'm going to get him in the army and hope they can make something of him. You see is there anything wrong with him."

The only thing wrong was colorblindness, and Mr. Simon sighed dejectedly: "Even the army won't have him."

Yesterday, over the telephone, a jubilant Pete yelled: "Hello, Doctor! When can I come and see you?"

I told him.

"By the way, Pete, do you know the army needs men who are colorblind? They use them for spotting camouflage."

"Oh, is that so? Well, I wasn't calling about that. I'm coming over with my girl for some kind of blood test. We're getting married."

The record for persistence belong with the indomitable, go-getting spermatozoa of Thomas Eberle. Seven years ago, Mrs. Eberle's Fallopian tubes were tied, sectioned and buried by the eminently able Dr. Seixas. Today, the lady is unmistakably pregnant.

Reclaiming the neurotic

Want to help your patients and yourself at the same time?
The opportunity exists—in your everyday practice.

OThe forgotten man of general practice is the neurotic.

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The average physician sees him every day. His complaint is not obvious. It often goes unmentioned. But it exists nevertheless behind the mask of other ilds.

General practitioners in search of a job that needs doing have their work cut out for them in this field. Few worthy aims in medicine are so comparatively unfulfilled. And few hold such potentialities as a practice-builder.

In spite of these obvious truths, we, as physicians, have driven thousands of neurotics into the hands of cultists. Through our neglect, we have failed to realize fully our function as all-round family counselors.

The neurotic is often intelligent. Since his condition seldom disables him physically, office treatment is practical. When helped, he is articulately grateful. And he is willing to pay his own way.

But isn't managing the neurotic a job only for the specialist?

When it comes to crippling neuroses—like obsessional and compulsive disorders, or pre-psychotic states—the answer is yes, of course. But for the ordinary hysteria, neurosthenia, or anxiety neurosis, the intelligent general practitioner is ably qualified to try his skill first.

Usually, as it happens, psychiatrists are available to private ambulatory patients only in the larger cities. Elsewhere, the general practitioner must handle these patients anyway. Either that, or see them parade in despair to cultist parlors, setting in motion a torrent of complaint against the whole "donothing" medical profession.

As a matter of fact, neurotics have found many positive advantages under the care of their family doctors. Often, the general practitioner will enjoy the patient's fullest confidence, where a strange specialist will not. And even in this enlightened age, many patients resent the fact—as well as the cost—of being sent to a psychiatrist.

Next question is: How to approach the neurotic?

Two things must be avoided from the start:

First, the physician must not say (or imply by his attitude): "There's nothing wrong with you...just nerves. Go home and forget it!" This is both undiplomatic and inaccurate. For there's a good deal wrong with the patient. You can be sure he won't "just go home and forget it."

Second, the physician must see clearly that a neurotic is not a malingerer. True, both have symp-[Continued on page 82]

Syndicated Sage

Dr. Logan Clendening

• With the nation his bedside, Dr. Logan Clendening has drawn up an old straight-backed chair and, with a finger on the pulse and a friendly, understanding eye on the tongue, has proceeded to talk sensibly and paternally about bowels and vitamins, heart failure and diabetes, drunken driving and overweight. A stately figure, florid of face and slow of movement, Clendening resembles the first Roosevelt (a likeness he can make still more startling by a slight adjustment of his upper plate), and in general looks the part of the able. jovial adviser known to millions of strap-hangers and bus-riders who read his syndicated newspaper columns. He has a broad literary background and an instinctive sureness with words, a gift which leads critics to rank him among the topflight physician-authors.

The variety of the syndicated Clendening topics would astound anyone not familiar with American journalism. Not only does he cheerfully report on cancer and leprosy, but also on keeping food in electric refrigerators and on the reasons why blondes freckle more than brunettes. In the Summer his writings touch on prickly heat, poison ivy, the need for extra salt in the system, swimming, and sunstroke.

In the Winter he writes of colds pneumonia, overeating.

From time to time he will twit George Bernard Shaw on his vege tarianism—Dr. Clendening once made a survey of meat-eating doctors—or praise a new popular medical book. He may even comment on the foreign situation; last Summer he speculated on the possible effect of Mississippi Valley ragweed on the hayfever of Germans seeking to invade the count. v from Mexico. Mosquito bites, cigarette filter-holders, body odor, how to make lemonade, medical errors in movies-these and a thousand other topics find a place in the Clendening column, where they are treated engagingly, in a light, easyto-read style.

In Kansas City, where he was born in 1884 and has remained, the doctor is affectionately regarded as an amiable oddity, sublimely indifferent to what people think. He lives in a handsome, rambling brick house set well back on a sloping lawn. A small formal garden to the west and just off the living room offers a view of jonquils, white tulips, and climbing roses when the doctor looks up from his writing (he does his column in the morning, working at a card table). But the doctor, unlike Candide, has not

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found the peace of puttering in the earth. The garden is his wife's province.

The doctor's mother, so he says, had hoped he would take up a literary career. "But," he continues spoofingly, "I definitely decided to practice medicine when I heard that an anesthetist engaged by Dr. Perkins to assist at an operation was to receive \$500 for the job."

After a two-year academic course at the University of Michigan, Clendening enrolled at the Univer-

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room ite tuen the riting morn-. But as not sity of Kansas Medical School, from which he received his M.D. in 1907. He now is professor of clinical medicine on the Kansas faculty. He took postgraduate work at the University of Edinburgh, returning to set up a Kansas City practice in 1909. The routine of his life was interrupted by the first World War, when he was dispatched to Fort Sam Houston, Texas.

His writing career began with a novel of his boyhood, never pub-

Week after week in 1939, power drills in use on a nearby WPA sewer project shattered the quiet atmosphere of Dr. Clendening's home. It got so bad the doctor ouldn't concentrate on writing his nationally syndicated medical column. So he calmly took in ax and launched a personal attack against the drilling machine. Though he landed in a Kansas City jail temporarily, Clendening endeared himself to millions who read of the quixotic stroke in frontmge news stories.



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lished, which he worked on after the armistice. His most popular book, "The Human Body," was published in the Fall of 1927. He is also the author of "The Care and Feeding of Adults," "Behind the Doctor," and "A Handbook to Pickwick Papers." At present he is working on "A Medical Baedeker," a book which will report on the great shrines of his profession.

Research, along with a restless urge to explore the world for good food and good living, has kept the doctor much on the go. He bobs up at curious places at curious moments. American reporters were not at all surprised when he happened into Tours at the time the world was buzzing about the forthcoming marriage of the Duke of Windsor and Mrs. Wallis Simpson. The American newspapermen persuaded the doctor (he needed little coaxing) to reverse his collar and slyly suggest to the European press representatives that he had come to Tours to be of service to the former King of England. The European reporters almost bowled him over in their eagerness to get the story; his picture (he posed with irreverent shyness) made the leading Paris papers.

Always a wag, the doctor, according to local Missouri legend, is supposed at the time of his marriage in 1914 to Miss Dorothy Hixon, daughter of a lumber magnate, to have whispered loudly out of the side of his mouth at the withmy-worldly-goods clause, "Damn, there goes my bicycle!"

Mrs. Clendening has grown accustomed to his jocular habits. One day early in their married life she was whirling downtown in her electric coupe to meet her husband when he happened to espy her still some distance away. He ducked into a notorious saloon, waited a moment, then lurched out in the street in an exaggeratedly drunken stagger, slumped in the gutter, and cocked his eye up to get a good view of Mrs. Clendening's face. She drove by without registering the slightest sign of recognition. Another time, at a dance, someone approached the doctor and asked. "Who is that dancing with Mrs. Clendening?"

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"My friend, I do not know," he jibed. "I presume some member of

the Humane Society."

Clendening lives among books, working in a stuffy, booklined office in an antiquated downtown building, or relaxing in a bookish home. An expert on Dickens and Conan Doyle, he has contributed distinguished criticism of the works of both writers. His collection of early medical books is famous. One of his gifts to the Hixon research laboratory of the University of Kansas Medical School consisted of 10,000 volumes. Assembled over a twenty-five-year period, the library is valued at \$50,000.

Among the rarities in the collection is a first edition of Harvey's treatise on blood circulation. The first description of the X-ray, Curie's treatise on radioactivity, and early books on surgery, immunization, and anesthesia also are included.

"There is nothing you learn in the world that doesn't add to your ability as a physical diagnostician," he once told a lay groupwhen the question of culture and healing came up. "As for myself! would not care to be examined by a doctor who had not read 'Hamlet.'" Hypersensitive to noise, Dr. Clendening made national headlines in February of 1939, when he quixotically attacked a WPA sewer project with an ax after four months of trying to write while an air-compression machine relentlessly dinned away not a hundred yards from the handsome Clendening home.

"I can see the point," said Walt Bumgarner, foreman on the project, after the magnificently futile assault. "Some guys work with their minds. Noises to a mind-worker must be mighty unpleasant, all

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Bumgarner said he was standing near the air-compression machine the dramatic afternoon of the Clendening blitzkrieg, when he saw the doctor striding toward him. The foreman recognized the doctor at once because Clendening earlier had called to ask him if the din was necessary. Bumgarner had explained the function of the machine, patiently pointing out the problems involved in drilling into the hard shale fifty feet below the surface of the street.

"The doctor was empty-handed,"
Bungarner told newspaper reporters. "He was marching along like he had a purpose. Then I saw him stop one of my men and the man

pointed to me."

To Bumgarner's astonishment, Dr. Clendening, tastefully and expensively tailored, pulled from somewhere on his person an ax with a handle two and one-half feet long. The blade was a bit rusty, but the edge gleamed in the afternoon sunlight.

"You're the foreman here, aren't you?" Dr. Clendening demanded of Bumgarner, who nodded and said,

"How do you do?"

"I'm going to stop this damned thing once and for all," Dr. Clendening stormed, waving his ax toward the machine.

"He was all dressed up," Bumgarner continued. "He didn't take off his hat or his overcoat. He just walked around to the connection with the valve and the pipe feeding the drills, and began letting the

valve have it."

The workers scattered, one of them chuckling next day about the doctor's inability to withstand the spirited exercise. "I said, 'Friend, you sure can puff,'" the worker told newspapermen. In any event, Clendening was hardly dressed for the occasion, what with a splendid Homburg, a boutonniere, gloves, and neatly folded pocket handkerchief.

"Why not build your sewers in Omaha?" the doctor is quoted as having said after flinging down his ax. "Why curse me and torture me with your machines and your sewers? I say to you, this damned rata-tat-tat, day after day, week after week, month after month, year after year, must stop. And I'm going to stop it."

After police arrived, Bumgarner guyed the doctor about a threat-

ened punch in the nose.

"Doctor," the foreman baited,
"from what you say, you wouldn't
punch a nose spontaneously, would
you? You'd go about it with great
deliberation and planning, wouldn't you?"

"That's the beauty of the planned attack," the doctor said. "The great pleasures are in deliberation, not

spontaneous action."

That night the foreman nodded his head admiringly, remarking, "That guy's a case, all right."

[Continued on page 90]

What physicians spend for





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② Drugs & supplies cost the American physician an average of \$590 a year. Instruments & equipment cost him \$363.

His drugs-&-supplies outlay equals 8 per cent of his average gross income of \$7,365 and 20 per cent of his average total professional expenses of \$2,963. Similarly, his instruments-&-equipment outlay

equals 5 per cent of his gross and 12 per cent of his expenses.

These findings are based on analysis of 7,707 reports from physicians who replied to the Survey of Medical Practice. Other results appear in the accompanying tables. They show at a glance whether your drug and equipment expenditures compare favorably with those

TABLE 1H.—AVERAGE AMOUNTS SPENT BY MD's IN 1939 FOR DRUGS & SUPPLIES, INSTRUMENTS & EQUIPMENT

(According to type of practice)

Type of Practice	Drugs & Supplies	Instruments & Equipment
Full specialists	8599 (6%)	.\$434 (4%)
Partial specialists		
General practitioners (Excluding partial specialists)	582 (10%)	. 324 (5%)
All physicians	590 (8%)	. 363 (5%)

Figures in parentheses indicate percentages of gross income.

of colleagues in similar circumstances. They also indicate such facts as these:

That physicians in small towns spend about twice as much for drugs & supplies as do doctors in large cities.

That expenditures for drugs & supplies are affected scarcely at all by whether one practices in the East, West, North, or South.

That there is little difference in the amount of money spent for drugs & supplies by full specialists, partial specialists, and non-specializing G.P.'s; but that there's an appreciable difference in the relation this expense bears to gross income in each case.

-WILLIAM ALAN RICHARDSON

TABLE 2H AVERAGE EXPENDITURES OF PHYSICIANS IN 1939 FOR DRUGS & SUPPLIES

1. By population

Less	than	1,0	00).				\$659	
1,000	-9,999							756	
10,00	0.99,9	999						699	
100,0	00-99	9,99	99					464	
1.000	.000 a	nd	01	76	er			361	

2. By location

2. By location		
New England	502	
Middle Atlantic	551	
East North Central	663	
West North Central	696	
Mountain	617	
Pacific	547	
South Atlantic	522	
East South Central	452	
West South Central	500	

TABLE 3H AVERAGE EXPENDITURES OF PHYSICIANS IN 1939 FOR DRUGS & SUPPLIES, INSTRUMENTS & EQUIPM'T

(According to gross income)

Approximate	Drugs &	Instruments
Gross Income	Supplies	& Equipment
\$1,000	\$116	\$219
1,500	126	234
2,000	179	181
2,500	190	170
3,000	232	212
3,500	305	211
4,000	299	232
4,500	377	220
5,000	384	295
5,500	467	266
6,000	519	313
6,500	587	321
7,000	557	332
7,500	606	333
8,000	733	415
8,500	679	387
9,000	748	481
9,500	818	380
10,000	794	480
10,500	939	486
11,000	899	480
11,500	945	509
12,000	829	601
12,500	1,021	710
13,000-	1,038	552
14.000-	1,200	554
16,000-	1,207	579
18,000-	1,343	755

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CLINICAL CHART of the FARM IMPLEMENT COMPANIES

	Sales	Pa*	Net earnings*	nings	Earnings per share	per share	Dividends	ends	Capitalization	pitalization	-
	1940	1940 1939	0161	1939	1910	1940 1939	1940 1939	1939	Funded Debt Preferred Common	Preferred	Сошшоп
Allis-Chalmers (x)	\$66.543	\$57,014	\$3,769	\$2,643	\$2.12	\$1.49	\$1.50	\$1.25	\$25,321,000	none	1,776,092
Briggs & Stratton	f.n.a.	5,304	1.041	943	3.50	3.18	3.25	3.00	none	none	297,149
J. I. Case	f.n.a.	20,804	1.378	352	3.45	d1.87	3.00	none	none	101.825	192,612
Caterpillar Tractor	76,414	59,134	8.218	6,191	4.36	3.04	2.00	2.00	none	none	1,882,240
Cleveland Tractor	7.501	6,119	90	4308	0.39	d1.10	none	none	1,106,000	none	219,988
Deere & Co.	84.014	70,165	12.171	7,627	3.33	1.82	1.50	0.75	none	none 1,543,000	3,004,362
Ford Machinery Co.	10.386	8.137	1,670	1,168	3.70	2.32	1.60	1.371%	none	20,000	426,676
Hercules Motor	f.n.a.	9,641	291	297	0.94	96.0	1.00	0.50	none	none	311,100
Internat?l Harvester	274,682	212,454	23,161	7,952	4.11	0.53	2.40	1.60	none	816,724	4,245,729
Minneapolis-Moline	16.367	13,445	1,165	64	0.75	d0.82	none	none	none	98,700	700,000
Oliver Farm Equip.	111.61	18,777	430	09	1.27	0.18	0.50	none	none	none	339,196

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*000 omitted d-deficit x-figure, for first nine months f.n.a.-figures not available

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Investing in Industry

THE FARM IMPLEMENT COMPANIES

OWhen Great Britain gave our government the data on her secret tanks in the last war, the farm implement industry was chosen to build America's first land battleships. The farm tractor may have been valuable as a foundation for the lethargic tanks of 1918, but today it is hopelessly outdistanced as mechanized armies move forward at speeds ranging up to forty miles an hour. The implement makers produce slow-speed machines and therefore are not playing the stellar role in this defense program that was assigned to them in World War I

ARMAMENT ORDERS

However, armament orders will aid the earnings prospects of some farm equipment companies, at least to the extent of reducing their overhead expense. International Harvester Company and Allis-Chalmers Manufacturing Company, for example, have booked large tractor orders which can be handled with their ordinary production equipment. Others such as J. I. Case Company, Oliver Farm Equipment Company, and Minneapolis-Moline Power Implement Company are making shells, bomb racks, and naval ordnance, all of which repreent new manufacturing processes for them. Most companies have exeess plant capacity, and it may be that they will receive orders for

trucks and other defense items which will place them in a position more comparable to that of other heavy industries doing a landoffice business in munitions of war.

But in wartime as in peace, the prosperity of this industry is governed primarily by the condition of the farmer. Thus the war, as it affects agriculture, has an important though indirect effect on the machinery business. In 1918 there was a great European demand for butter as well as guns. In contrast this war promises no great boom for the American farmer. He has lost his export markets at a time when our granaries and warehouses are filled to overflowing with excess supplies of wheat, cotton, and corn.

FARM INCOME RISING

Yet the defense boom is stimulating domestic demand for farm products to such an extent that Department of Agriculture experts predict that 1941 farm income may be the largest since 1929—a full half billion dollars more spending money than the farmer had in 1940. Farm equipment sales follow closely the farmer's purchasing power. This was true in 1940, when implement sales gained approximately 20 per cent over 1939. Again this year trade authorities look for a minimum increase of 10 per cent.

Much of this confidence regard-

ing agriculture's 1941 outlook is attributed to the excellent moisture content of the soil in some of the erstwhile dust-bowl States. The dust bowl has shrunk sharply from the drought days and even in its worst sections is showing notice-

able improvement.

Meanwhile in Kansas, where local interests expect one of the biggest wheat crops in history, top soil condition is reported to be 100 per cent and subsoil condition 85 per cent of normal. A year ago subsoil condition was placed at 34 per cent. In Oklahoma, Texas, and other drought States the ratio of improvement is about the same. No wonder that the equipment industry regards these States as offering an exceptionally promising field for sales this year.

ADVERSE SALES FACTORS

The one factor most likely to hold down sales volume is the possibility, remote when this was written, of material shortages as the defense program speeds up. Most companies are well stocked in raw materials and only after this inventory is exhausted would shortages become alarming. Of less worry is the impact of a large crop upon a market already glutted with surpluses. As long as the government

stands ready to take the excess portion of the crop under its loan program, farm prices will be sustained and may even trend higher as an inflationary economy gathers momentum.

Much of the increase in farm machinery sales has resulted from the popularity of the tractor. Sales efforts also have been successful in pushing equipment designed specifically for use with a tractor. Thus the change from horse-farming to power-farming has caused a complete change-over in soil-tilling, cultivating, and harvesting equipment.

The ascendency of the tractor is vividly demonstrated by a corresponding decline in animal power on farms. The horse and mule population has declined from 26,000,000 to day. At first the Horse and Mule Association of America did what it could to resist the trend—even attacking tractors because they made no manure!—but the farmer, like the physician, fancies new machines and devices that help do a

problem.

NEW OUTSIDE COMPETITION

The big automobile companies al

job better and with greater ease.

Besides, they help solve his labor

SMART DOCTORS PAY ABOUT HALF WHAT OTHERS DO FOR STATIONERY!



Not "wise guys" or "clever" ones, just those 30,000 who heeded our years of quiet advertising and now buy all their requirements from us. And besides saving up to 50%, they get better quality, better service and greater satisfaction because nobody can do better than we who devote our lives to nothing else. Ask us to prove it without obligation.

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THE PROBLEM OF Pruritus Ani



*Anal itching, a symptom of many unrelated local and systemic affections, often constitutes a difficult therapeutic problem. Distressing and highly uncomfortable, it interferes with business and social activities and, if persistent and severe, may precipitate psychoneurotic manifestations. Regardless of cause, pruritus ani usually yields to Calmitol Ointment. Applied to the anorectal region and the surrounding skin, Calmitol soothes and cools, and induces prolonged subjective comfort. Calmitol provides the prompt relief the patient demands, so that his cooperation is assured during the search for the underlying cause.

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Because of its contained ingredients (chlor-iodocamphoric aldehyde, levo-hyoscine oleinate, and menthol in an alcohol-chloroform-ether vehicle), Calmitol Ointment blocks the further transmission of offending impulses, exerts a mild antiseptic action, contributes to resolution by local hyperemia. In obstinately severe pruritus, Calmitol Liquid is recommended prior to application of Calmitol Oinment, except on sensitive areas or denuded surfaces.

CALMITOL

THE DEPENDABLE ANTI-PRURITIC

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they iction lives ation. ways are searching for new markets in allied lines. No wonder then, that they, like the implement people, saw great possibilities in mechanizing the farm and quietly maneuvered themselves into the tractor business. Ford began to manufacture the Fordson, and General Motors Corporation introduced the Samson. The old line implement companies were in a panic, not knowing then that the Fordson, like transport aircraft a little later on, would represent one of the exceptions to Mr. Ford's successful career, and that General Motors' foray into tractors ultimately would cost it \$35,000,000.

At about the same time, Allis-Chalmers entered the field with heavy tractors, most of which were exported during the war. The story goes that some of these 7,000-pound machines were shipped to imperial. Russia but never saw much use there as the peasants stripped the vehicles of their brass carburetors and other parts to ornament their homes—thinking the rich Americans equipped their tractors with gold and other precious metals.

Ultimately, however, the losses of the invading companies were too much for them; so, one by one, the automobile manufacturers left the farm equipment field. Years later (1932) Allis-Chalmers was back in the picture, pioneering in small tractors, while Ford resumed implement activities in 1939. They were attracted back by the broader markets the farm machinery companies were beginning to tap.

NEW PRODUCTS

The 1920 census had revealed that of 6,800,000 farms, 4,000,000 were of less than 100 acres whereas most of the million-odd tractors were working on farms of more than 100 acres. In 1926 the general purpose tractor was introduced, and since then most major improvements have been designed to attract the smaller farmer. Medium tractors, baby ones, and midgets about the size of a powered lawn mower followed in rapid succession until even the smallest farm and garden markets were covered.

Statisticians have figured that the domestic market has an absorption limit of 2,600,000 tractors. As there are now around 1,700,000 in use, a potential market exists for 900,000 new tractors over the next ten years. To this must be added replacements running from £10,000 to 170,000 annually, as the average machine has a useful life of between ten and fifteen years.

The development of small light tractors has been followed by many new models for other equipment such as small combines and various types of hay handling and pressing machinery. Thus new lines and re-designed products are relied upon, as well as larger farm purchasing power to stimulate the 1941 sales volume.

[Turn the page]

CYMPTOMATIC RELIEF in ECZEMA and other PRURITIC DISORDERS

The quick relief afforded by Resinol Ointment in pruritic conditions makes it of inestimable therapeutic value. Free from harsh, irritating drugs. Test it.

Professional sample on request RESINOL

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COLLOIDAL IRON

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EASILY IN the run down child, anemia and mal-I nutrition are usually combined with digestive malfunction. In combating this triumvirate, colloidal iron has many therapeutic advantages over the iron salts. The salts (sulphates, citrates, etc.) are split up by the gastric juice with the release of ions likely to produce astringent and irritating effects. In the intestine, the iron ions form precipitates which are therapeutically inert, highly dehydrating, and constipating.

But the iron in OVOFERRIN is colloidal iron protein not in ionic form. It is little affected by the gastric juice. It is stable and cannot irritate. Indeed it actually ap-

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FOR THE PALE CHILD



SALT IONS MAY IRRITATE STOMACH

pears to stimulate the appetite. Most nutriment must be in the colloidal state to be absorbed. OVOFERRIN arrives in the intestines as a colloidal hydrous oxide which is readily assimilable and does not dehydrate or constipate.

Particularly important in the young patient, OVOFERRIN is practically odorless and tasteless and can stain tongue or teeth no more than can an iron nail. Its palatability is due to its colloidal state and not to sweetening or masking.

Prescribed in 11 oz. bottles: one tablespoonful at meals and bedtime in a wine glass of milk or water. Write for professional sample.

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COLLOIDAL IRON-PROTEIN BLOOD-BUILDER

In Secondary Anemia, Convalescence, Pregnancy,

"The Pale Child," and Run Down States C. BARNES COMPANY

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EXPORT MARKETS

Implement manufacturers do not look for much if any pick-up in their export markets this year. European nations are shut off, and while shipments to Great Britain have been in good volume restrictions on shipping facilities may seriously impair this market.

Sales to both Canada and South America will be dependent to a large extent on the availability of foreign exchange. Some Latin American countries have glutted markets due to inability to export

farm products.

SALES TRENDS

The 1930's proved to be a far from satisfactory decade for the implement industry, both as to sales and profits. Suffering from the sharp reduction in the farmer's purchasing power, the industry also felt the severe droughts in three of the ten years. Now that it is an established government policy to extend permanent relief to agriculture



SPECIALTY-BUILDER: One wall of my treatment room is a veritable gallery of baby photographs. It prompts many inquiries from patients who want to know what it's all about. I reply, of course, that the pictures are of babies I've delivered. This opportunity to call attention to my partial specialty has proved increasingly helpful in building up my practice.-M.D., New Jersey.

through various subsidies, farmers appear assured of a relatively well sustained level of income. If the government is able to continue this aid, farm machinery sales should stay at a higher level in the next few years.

Sales in 1940 exceeded those of all previous years except 1920 and 1937. This year they bid fair to pass 1937 and be the second largest on record. At present rising labor costs are the chief discordant note in the outlook. There has been a series of strikes in the industry recently, preceded usually by several weeks of labor disturbances in which production suffered from slowdowns and similar tactics.

HIGHER COSTS

Other additional expenses, such as higher materials costs, will be offset largely by increased production. But the higher wages probably will result in price mark-ups Equipment companies are reluctant to increase prices, fearing the farm ers will stop buying.

With sales and earnings trending upward, farm equipment makers are becoming more liberal in their dividend policies. Some of the largest firms, among them Deere Company, have increased substantially their stockholder distribu tions, while several smaller units like Case, Oliver and Minneapolis Moline (preferred) are back on a dividend-paying basis.

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Treats Both

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 75 Varick St., New York, N. Y.

Thank You, Doctor, for NUPORALS.

Ciba's anesthetic throat lozenges, NUPORALS,* (containing non-narcotic Nupercaine) afford your patients prolonged relief from pain and tenderness of the mucous membrane of the throat and mouth and also diminish pharyngeal reflexes.

Your patients will thank you for giving them NUPORALS prior to the use of the stomach tube, or before any laryngeal or pharyngeal examination.

Available in boxes of fifteen and bottles of one hundred lozenges.

Additional information and samples upon request.

Trade Mark Reg. U. S. Pat. Off. Word "Nuporals" identifies throat lozenges of Ciba's manufacture, each lozenge containing 1 mg. of Nupercaine, "Ciba."

CIBA PHARMACEUTICAL PRODUCTS, INC.















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FARASTAN*

Well established combination of cinchophen and iodine, successfully alleviating the pain, swelling and immobility of arthritic, rheumatoid and neuritic conditions. Orally administered.

AMOXIN*

Non-toxic antirheumatic giving a prolonged analgesic effect, controlling the signs and symptoms of arthritis. Does not contain cinchophen.

Send your letterhead or card for sample and literature.

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137 South 11th Street, Philadelphia, Pa. *Reg. U.S. Pat. Off.



Symptoms due to increased irritability of the autonomic or involuntary nervous system such as trembling, jitteriness, dizziness, flashes of heat, frequent urination or even fear of impending disaster are relieved by the administration of Peacock's Bromides.

Each fluid dram contains Potassium Bromide, 5½ grs., Sodium Bromide, 5½ grs., Calcium Bromide, 2¾ grs., Calcium Bromide, 1½ grs., Lithium Bromide, ½ gr. Total: 15 grs. of the combined purest Bromides in each fluid dram. Alcohol 6%.

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Pharmaceutical Chemists

4500 Parkview, St. Louis, Mo.

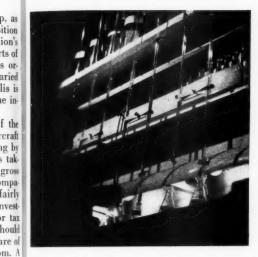
status in the implement group, as it not only occupies third position in this trade but also is the nation's largest manufacturer of all sorts of heavy primary machinery. Its order books bulging with a varied assortment of war orders, Allis is the most diversified unit in the industry.

While earnings of some of the heavy industries such as aircraft and machine tools are jumping by leaps and bounds, taxation is taking an increasing toll of their gross profits. Farm machinery companies, on the other hand, have fairly large average earnings and invested capital to fall back on for tax allowance purposes. They should be able to retain a goodly share of profits from the defense boom. A damper on the farm implement shares listed on the stock market has been the failure of commodity prices to follow the usual wartime pattern of sharp advances.

For the investing physician who purchases stocks in the speculative heavy industries, the farm equipments have merit from this particularly important standpoint: not being overloaded with defense work or finding it necessary to expand their plant facilities, they will not suffer as severe a post-war deflation.



DOOR-LENGTH MIRROR: To please the ladies, I recently had a full-length mirror installed in my office dressing room. My secretary who was responsible for the idea in the first place, has been giving me favorable reports about its good-will value ever since. As long as my women patients are determined to preserve that just-out-of-a-bandbox look. I'm determined to have one of my doors reflect their efforts...



Fluagel, because of its unique colloidal makeup, fixes more than 25 times its volume of N/10 HC1. One teaspoonful is that capable of combining with the acids in 102 cc. of gastric juice.

Twice the Neutralizing Capacity.. More Sustained Action.. Pleasingly Palatable..

FLUAGEL (Aluminum Hydroxide-Breon)

A unique research preparation, Fluagel possesses distinctive and exclusive advantages in the treatment of peptic ulcer.

Because of its higher concentration and the greater degree of dispersion of its colloidal particles, one teaspoonful (4 cc.) of Fluagel combines with at least 102 cc. of 0.36% hydrochloric acid (25 times its volume of N/10 HC1), leading to speedier relief of pain and exerting a more sustained action. Hence smaller doses and less frequent administration are needed, markedly simplifying the therapeutic regimen and making for economy.

Its astringent properties also contribute to more rapid healing. Fluagel does not lead to alkalosis, to chloride depletion, or to secondary acid rise. Its pleasing orange taste assures maximum patient cooperation, and its distinctive orange color makes for ready identification.



Average dose, 1 teaspoonful four times daily after meals and before bedtime. Supplied in 10 ounce widemouth jars.

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The Country needs every Skilled Hand

SOME of the most skillful hands in the land have been crippled and removed from activity by arthritis. Nearly every doctor knows of such a case.

And now that every skilled hand is needed for the national program, the physician will be gratified that he can, in so many cases, restore mobility and activity—put the worker back in production and remove the "bottle-neck" of crippling arthritis—by the administration of the new systemic treatment—

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This process results in a product so pure and free from toxic factors that the necessary massive dosage may be given with absolute safety.

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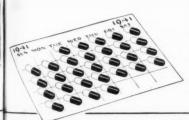
ILLIONS of Americans are deficient in Vitamin B-granted. The real ques-MILLIONS of Americans are deficient in Vision is this: what is the optimum form of Vitamin B for therapeutic use? Swiftly, the answer has emerged: the whole natural Vitamin B Complex - total therapy with all the factors, known and unknown, is undeniably superior to synthetic combinations.

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WHOLE NATURAL VITAMIN B COMPLEX

Each Capsule contains: Thiamin Riboflavin Pyridoxine Pantothenic Acid



750 micrograms 1000 micrograms

35 micrograms 225 micrograms

together with all the other known members of the Natural B Complex.

Derived entirely from natural sources, Bezon supplies the full daily dosage and proper ratio of riboflavin and thiamin, together with the other designated factors.

Dose: one capsule a day. Supplied in bottles of 30 capsules - a month's supply.

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Reclaiming the neurotic

[Continued from page 63]

toms without organic basis. True also, both seek to gain something out of illness.

But the malingerer is consciously trying to deceive. He is not suffering. The neurotic, quite unconscious of the organic unreality of his complaints, is suffering severely.

There are at least four ways to tell a neurotic from a malingerer. The neurotic manifestly feels ill (you can sense this after a single attentive interview). He accepts the fact that he will be billed for frequent visits. He enjoys being examined and re-examined. And finally, his recreational life is damaged by his illness. With the malingerer, all these things are just the other way round.

Now to get down to brass tacks. How does the practitioner actually manage the neurotic?

First and most important, he listens. (That sounds simple, but not all of us follow it through). He listens quietly, patiently. He doesn't fuss with papers or let his attention wander. He seems to hang on the patient's every word. He permits the stream of symptoms, explanations, apologies and autobiography to flow on without interruption.

It's surprising how effective this is. For the first time, perhaps, the patient has found someone who won't brusquely interrupt him. "Here," he says to himself, "some man at last who seems to understand me!" In fact, this menta catharsis is often followed by an audible sigh of relief: "Thank you



Did You Say-

"Points that don't dull, easily?"



"Points that don't dull, easily."





That's why I specify VIM . . . the needle with the point that stays sharp. Sharpness is a matter of steel . . . long-lasting sharpness comes from *cutlery* steel. VIM Needles are made from Firth-Brearley stainless *cutlery* steel.



Write VIM on the order. Banish points that dull easily . . . get VIM points, they stay sharp.

Made from Firth-Brearley Cutlery Steel "The 'Sterling' of Stainless Steels"

MacGREGOR INSTRUMENT CO., Needham, Mass., U. S. A.



83

doctor. It's been such a help. I feel so much better already."

Second major point of procedure is to examine the patient thoroughly. If the preliminary history suggests that the "stomach pains" are neurotic, you may be tempted to cut short the story, count the pulse, squint at the tongue, and say: "There's nothing wrong with your stomach." But the patient is likely to retort: "Why, you didn't even examine my stomach." If he doesn't come out with it, he'll think it.

So why not palpate that abdomen, check the epigastric reflexes, and percuss the liver margins? You might find something after

4

WATCH THEIR STEP: Mrs. Sommers, despite Nurse Watkins' alertness, got a bruised hip and a sprained ankle when she slipped while climbing down from my examination table.

Mrs. Sommers was indignant, but Nurse Watkins is a diplomat and there was no damage suit.

My examining table, like most, has a foot step which can be turned out horizontally to lengthen the table while a patient is reclining on it. I had forgotten, when I lowered the end of the table, to readjust the extension so that it became a step once more. Nor had I remembered to utilize the skid-proof footstool that I employ as an alternative to that step.

Few of my patients are acrobats and I am not hunting for damage suits. Next time I'll double-check myself against such negligence. I'll make sure that patients get on and off my

table safely.—L.A.C., M.D.

all. In any event the patient will be much more inclined to accept your verdict after this routine.

If the doctor could only see in patient's beaming countenance when he reports to friends that "Dr. Smith gives you such a thorough examination!"—he would neveral low a hastily examined patient is leave his office.

Third point is to admit that the patient who says he's really suffering may be right. To imply (be words, by inattention, or by case management) that the patient is imagining his symptoms is to losh his good will and stultify you treatment. What the doctor has the say may readily be phrased thus "Your symptoms are due to a nerous condition, not to any organic disorder. They will respond to treatment accordingly."

If necessary, he uses an analog For example: "Notice how you heart starts to thump when you almost been hit by an automobile Of course, the near-accident diducause heart disease. Yet no one case that you imagined the palpit tion. It was real enough. But it was purely nervous, wasn't it? In the same way, these symptoms are menough. Yet they are of nervoorigin."

The physician next makes a complete medical inventory and attempts to correct all physical disorders: Does the patient need englasses? If so, he gets them. Does constipation or diarrhea require

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The patient, who is chronically tired and for no apparent cause is often a perplexing problem to the physician. No glandular dysfunction, no infection, not a victim of borderline malnutrition, these patients still look to the physician for surcease from their disaffection.

In certain cases glycocoll exerts a measurable effect on muscle creatine retention, and, by thus increasing the energy available for muscular metabolism, the patient's response subjectively and objectively is most gratifying. Better appetite, a higher level of general health and well-being have been reported.

Glycolixir provides a palatable means of supplying glycocoll. Two tablespoon-

fuls, three times daily, furnish a total of 10.8 grams of this amino acid. The fine wine employed as a vehicle makes it also a most acceptable stomachic prelude to meals.

Glycolixir is supplied in 1-pint bottles.

Glycolixir Tablets: For children and adults by whom for any reason the ingestion of alcohol is undesirable, Glycolixir Tablets (each containing 1 gram of glycocoll) have been made available. The tablets have a pleasant flavor and are distinctively colored. Supplied in boxes of 50 and 250.

For literature, address the Professional Service Department, E. R. Squibb & Sons, 745 Fifth Avenue, New York, N. Y.

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MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

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nd Av Mana York, treatment? If so, it's treated. Such symptoms as heartburn, insomnia. flatus, etc. yield to simple therapy. They're not to be neglected even though the primary trouble is neurotic.

Fifth step is to uncover the social and emotional factors that breed or maintain the neurosis; then try to remove them. This requires prying into the patient's private life; but the neurotic doesn't resent it if it's done sympathetical-

Dependent upon the conditioning factors, the neurotic may be shown any number of roads to relief. Temporary hospitalization or placement in a nursing home, for instance, will often remove a hornet's nest of unfortunate stimuli in the domestic environment. A vacation may screen the patient from the irritations found temporarily in his job. Advice on sexual relations may relieve a disturbing marital difficulty. Prescribing a longer luncheon period may punctuate a tense day with the missing relaxation. Changes in school programs, recreational activities, or working conditions may correct provocative factors. Working out new hobbies, avocations, and social interests may do the trick.

All this, of course, requires a pretty complete survey of the social, vocational, and emotional life of the patient, followed by adjustments at any points of conflict or

irritation.

Sixth to be considered is psychotherapy.

To a large extent all the procedures listed above are directly or indirectly psychotherapeutic But psychotherapy per se may follow several distinct channelsnamely: suggestion, persuasion, rationalization, bullying, emotional re-education. or the working. through of emotional conflicts.

Bullying is seldom effective. It's the sort of thing the practitioner does when he says: "You're obsessed with the idea that you have a cancer. Well, I'm a doctor, and I know you haven't. So forget it!" Such tactics—shockingly common—are certain to impair confidence.

Rationalization—the effort to reason with the neurotic-sound as if it ought to work. But it usual ly doesn't. For instance, the doe tor says: "I have made X-rays and a gastric analysis. Both are negative. If you had a cancer these tests would have shown it. So you see, it's scientifically impossible for you to have any kind of tumor." But probably the patient doesn't see. For a neurosis has emotional rather than rational roots. Hence an appeal to reason has two strike against it from the start.

Suggestion, emotional re-education, and the working-through emotional conflicts are generally the most effective psychotherapeu tic techniques.

Suggestion takes many guises Turn the page

REDUCES BLOOD PRESSURE

RELIEVES THE SYMPTOMS Sample and Formula on Request

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A HEALTH BULWARK for America is one of the most important aims of our drive to increase national strength.

More planes? More ships? Yes! But—just as important—a wellbalanced, nourishing diet for every man, woman and child.

Of the foods which supply energy needed for fitness, one of the best and cheapest is bread—the delicious, nourishing loaf made by the modern baker. Bread or toast is easily digested and releases a good flow of foodenergy that lasts over a period of hours. Also, bread made by the usual milk formula contributes high-quality protein for tis-

THE GOOD BREAD made by modern bakers contains both easily digested carbohydrate and high-quality protein—in almost ideal proportions.



sue building and growth, as well as valuable minerals, including calcium and phosphorus.

In these days of ever-increasing activity, bread—so delicious, economical and easily digested—is one of our most valuable sources of needed food-energy.

For further information about Bread, write to the Department of Nutrition, American Institute of Baking, 10 Rockefeller Plaza, New York, N. Y.

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Thus, our cancer-obsessed patient might be approached this way: "Of course you have stomach symptoms. You'll be interested, therefore, in the X-ray man's report. Here it is. Read it. You see it says 'negative.' And here's the report of the stomach content. That, too, is negative. Yet your symptoms are certainly real. Nothing imaginary about them. Fact is, they are due to nervousness. You have a nervous stomach. The medication I'm going to give you will relieve it."

For the neurotic, psychotherapy's prime function is to indicate that his complaints are considered real enough to merit the doctor's consideration. The other psychotherapeutic techniques—a working-through of conflicts, and emotional re-education—are somewhat more specialized. The practitioner will do well to read some of the many books on the subject.* In brief, their principles may be described as follows:

The doctor, through repeated interviews, tries to uncover the basic emotional conflicts behind the neurosis. An example of such a conflict is the desire for adventure versus the desire for security. Or dislike of present job versus fear of abandoning it; love for wife versus craving for freedom from marital restraints; ambition versus feeling of inferiority. Or the interviews may disclose feelings of guilt, terror, inadequacy, rebellion, and the like.

The physician seeks to ventilate these conflicts, to remove them from their unconscious battlefield into a conscious area where they can be disposed of more clearly. So he bolsters the patient's ego and softens his self-criticism. He unearths the liabilities and shows the patient how to correct them or learn to live with them. He unmasks the little-understood but potent drives that make trouble, and works out channels into which they can be wholesomely diverted.

This sounds like a big order. A doctor can't do it unless he is shrewd, patient, and warraly interested in human welfare. But no one who lacks these qualities has any business being a doctor anyhow.

Is the neurotic worth all this trouble?

Check your file on recent potients. Estimate how many have

^{*}A list of suggested volumes will be furnished any interested reader upon receipt of self-addressed envelope.



Andron, the original chemical phylactic tube, kills veneral acase germs immediately after oposure. It is highly germical harmless to tissues, and east use. Recommended by doctors over 28 years. Send for free and educational booklets for a tribution to your patients.

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A Three-Way Treatment for Constipation

Use of bland, soft bulk for natural stimulation of peristalsis has found wide favor as an anti-constipation measure.

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supplies this bulk in abundance, for it is prepared from purified sterculia gum containing 80% bassorin—shown by comparative tests to be the most efficient bulk-producing agent.

Moreover, Bassoran has two plus actions not combined in ordinary bulk laxatives. Its unique formula contains magnesium trisilicate . . . adsorbs toxic substances from the sluggish bowel and neutralizes excess gastric acidity that frequently accompanies chronic constipation.

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• Probably the most distressing of the Vitamin B₁ deficiency symptoms is neuritis. Indeed, a considerable proportion of neuritis cases make a dramatic recovery when adequate amounts of the vitamin are supplied. Other clinical manifestations such as anorexia in children and adults, and cardiovascular disorders are frequently attributable to the nutritional imbalance initiated by B₁ deficiency.

 Armour Vitamin B₁ Tablets are therapeutically potent, accurately standardized. They are available in three strengths... 1000, 300 and 50 International Units (the latter for children).

Specify armour's VITAMIN B₁ TABLETS

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large neurotic components in their

Then remember that the essentially neurotic person is eager for frequent consultation. Calculate what this will mean in terms of broader practice and heightened professional status among those you can help. Finally—and of for greater significance—visualize the opportunity to help a despairing intelligent, long-suffering group of persons.

Add it all up. I think you'll agree it's decidedly worthwhile.

-HENRY TAYLOR, MA

Dr. Logan Clendening

[Continued from page 67]

"Case" or not, the doctor endeared himself to countless neighbors who interpreted this impetious act as a blow for civic virtue reputedly scarce in Kansas City at the time. Widely circulated newspaper accounts of the incident johingly—but sympathetically—succeeded in casting Clendening as champion of the millions who have had the same urge but ungallantly repressed it.

A few weeks later the doctor's lawyers went quietly into count, paid two \$25 fines in cash, one for disturbing the peace, the other for destroying property. The lawyers

ACUTE DERMATITIS

Mrs. 8.— Symptoms: Burning and smalling of checks followed by redness and scaling. Condition began with change to a popular cold cream. Use of preparation stopped. With soothing treatment acute dermatitis cleared up. Patient put on AR-EX Cosmetics regime. Skin has since attained and held its formet normal texture.

AR-EX ethical cosmetics are so pure and fine you can prescribe and recommend them with complete assurance.



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Over a year's country-wide experience bears out the clinical tests-Curity Adhesive (Hypo-Lergix made with Formula 87) reduces the incidence of skin irritation to a negligible percentage in comparison with our old formula. And this Curity Adhesive possesses better ageing qualities, sticks readily and adheres firmly.

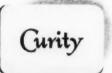
For all dressings and strapping uses, there is a convenient, economical Curity Adhesive:

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This better Adhesive is one of the most recent of the many "firsts" developed by Curity research and manulacturing experts. This great partnership of science and technical skill-now augmented through the consolidation of Lewis Manufacturing Co. and Bauer & Black-will continue to search out new and better ways to serve you in the protection and care of your patients.



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offered to pay the damages, but the company which owned the machine made a friendly "forget it" gesture. The damage was only \$2.

Last winter Dr. Clendening was challenged by the operator of the Kansas City police department's "drunkometer" device to test drivers charged with intoxication.

The police department, it seems, is particularly proud of the city's safety record, which has brought national recognition from traffic experts. One of the essential phases of the city's program is severity in dealing with drunken drivers, who get fines up to \$100 or sixty- to ninety-day terms at the municipal farm. The department uses the "drunkometer" along with other tests and observations. The device is operated by a policeman named E. K. Burgard, usually referred to

AIR-TIGHT BOTTLES: Evaporation of ether, chloroform, ethyl chloride, and similar solutions kept in cork-, rubber-, or glass-stoppered bottles can be prevented by stretching rubber finger cots over the tops of the containers. Since no waste of ether need occur because of deterioration, the impervious cot thus makes it possible to preserve odd quantities of volatile solutions indefinitely.

as the Professor.

"Confidentially," Dr. Clendening advised one day in his column, "the test is fairly easy to beat. Three or four deep breaths and four or five swallows of water will clear the breath and the mouth of all except the most minute traces of alcohol. If a motorist is not alert enough to take this precaution, he deserves to flunk the sobriety test."

"I've seem 'em drink quarts of water when they're arrested," Professor Burgard fired back. "I've seen 'em take deep breaths, because they're seared. It doesn't make am difference. The old drunkometer

gets 'em every time.

"Here's what I'll do. I challengthe doctor. He must come down here and drink some whisky, or if he doesn't drink, bring a friend who does. We'll wait thirty minutes, and in the meantime he cardrink the river dry and breathe althe air there is downtown. Then we'll put the drunkometer on him It never fails."

The challenge (headlined in The Kansas City Star: "Drinks at Four Paces") was brushed aside by Dt Clendening, who said a friend of his had just fooled the drunkometer by following his tip. The doctor told the curious to question another

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WHY SHOULD HYGEIA ENDORSE BREAST FEEDING

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• The answer to this question is simple if you know the background. The Hygeia Nursing Bottle was invented 47 years ago by a practising physician. He knew that breast feeding was superior to bottle feeding where possible, but he also knew that many babies' lives might be saved by better nursing equipment. For that reason, he invented the wide-mouth, easy-to-clean Hygeia Bottle with rounded corners and no crevices. With it he developed the natural breast-shaped Hygeia Nipple which could be quickly inverted for thorough cleaning.

Millions Read Advertising Which Says "See Your Doctor Regularly"

Today millions of families read Hygeia advertising in most of the important national magazines. And each advertisement tells mothers to consult a doctor regularly, to ask his advice on infant feeding. The doctor is free to prescribe breast feeding or artificial feeding according to individual requirement. Hygeia believes this kind of advertising should help medical science in its effort toward healthier mothers and better babies.

HYGEIA NURSING BOTTLE CO., Inc. 197 Van Rensselaer St. Buffalo, N.Y.

SPECIAL OFFER TO HOSPITALS: Hospitals may now buy Hygeia Bottles and Nipples at approximately the same cost as ordinary equipment.



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Kansas Citian, Walton Hall Smith, co-author with Dr. Ferdinand C. Helwig of "Liquor, the Servant of Man.'

"The drunkometer isn't worth a damn," Mr. Smith observed succinctly.-JOHN D. WEAVER

The consumer movement

| Continued from page 59|

medical issues is likely to weigh in their settlement.

GOVERNMENT BUREAUS

The federal government completes the cast of leading characters in the consumer movement. Its role is shadowy and ill-defined. But an idea of its importance can be gained from the following partial listing of the consumer bureaus active in medical matters within the Department of Agriculture alone:

1. Agricultural Extension Service. About 2,500 demonstration agents are sent out annually to work with an estimated 7,000,000 citizens. Activities include study on such varied subjects as nutrition, dietetics, and advertising and product standards. Programs of direct action are also encouraged. Random examples: In Maine one year the service helped establish seventy-one clinics for pre-school children. In West Virginia the same vear it aided in immunizing 4,985 persons, in securing physical examinations for 1.948, and in building 1,445 toilets.

2. Bureau of Home Economics Specializes in the circulation of pamphlets to consumer-citizens Sample titles: "Adequate Nutrition for the Industrial Worker," "How To Spend Food Money," "Minimum Vitamin A Requirements of Normal Adults."

3. Bureau of Agricultural Economics. Conducts surveys on the cost of medical care to farmers: distributes pamphlets on rura housing and hygiene; issues reports under such titles as "Disad vantaged Classes in American Ar riculture."

4. Consumers' Counsel Division of the AAA. Studies and reports on the consumption of milk and citrus fruits in various cities throughou the nation. Publishes Consumers Guide, an illustrated periodical sent free on request. Consumers Guide, established in September avail 1933, has an authorized distribution of 150,000 copies per issue. It icians gives general buying advice, but letary does not mention brand names of pehlor products. It has published article peutic on the need for a national health welc program and has given liberal ochlo space to material from the Interde nin B1 partmental Committee, the Techniadjuv cal Committee on Medical Care and similar commissions of the D.Eliy New Deal.

The Food and Drug Administration and the Farm Security Administration are other Department Agriculture agencies that are some times considered as playing a part

ONE SPERMICIDAL CREME GIVEN HIGHEST RATING BY THE PROFESSION TESTED BY TIME PROVED BY EXPERIENCE WHITTAKER LABORATORIES, INC. 250 WEST 57th STREET

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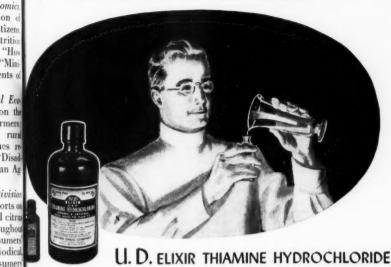
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available to your patients in mixed prescriptions • at new low prices

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convenient tablet form in bottles of 100; 500 and 1000 in the following units:

0.33 mg. (100 units Vitamin Bi) 1333 units Vitamin Bil 1 mg. (1000 units Vitamin Bi) 3 mg. 5 mg. (1665 units Vitamin Bil (2000 units Vitamin Bil 6 mg.

U. D. Elixir Thiamine Hydrochloride (and tablets) may be had only at Rexall Drug Stores-Liggett and Owl Stores are also Rexall Stores -where trained pharmacists are ready to fill your prescription to the letter with U. D. or other standard pharmaceuticals. For safety and economy tell your patients to have your prescriptions filled and to purchase their drug store supplies at their convenient neighborhood Rexall Store.

INITED DRUG COMPANY . BOSTON . ST. LOUIS 0 · ATLANTA · SAN FRANCISCO · LOS ANGELES · PORTLAND · NOTTINGHAM · TORONTO oceutical Chemists — Makers of tested-quality products for more than 38 years

U.D. Products are available wherever you see this sign



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Warning!

Collection agency claims should be INVESTIGATED

Beware of credit or collection agency representatives who claim that their companies are "endorsed" or "recommended" by MEDICAL ECONOMICS.

According to reports from several physicians, representatives of at least two nation-wide collection agencies have recently made false statements of this character to convince doctors of the merits of their service.

MEDICAL ECONOMICS never directly endorses any individual credit or collection service. Needless to say, there are a number of reputable companies with commendable records in this type of work. But only in the sense that a few of the better services have advertised in MEDICAL ECONOMICS can it be said that this magazine has passed judgment on their merits. If an agent cannot produce tangible evidence that his company's advertising has been accepted (hence approved) by MEDICAL ECONOMICS, any so-called endorsement he refers to is probably a fraudulent misrepresentation.

in federal consumer activity. (FSA-sponsored health associations now bring low-cost medical care to some 300,000 persons in thirty-one States.)

The WPA, the Departments of Commerce, Labor, and Interior, and other Federal agencies also maintain subdivisions for the guidance of consumers. The National Defense Advisory Council has a member, Harriet Elliott, who is charged with protecting consumer interests affected by the rearmament program. There is even a campaign for a new cabinet position, to be devoted to consumers.

Federal consumer activities are so called chiefly by a trick of semantics. Leaders in the movement have a tendency to speak of "consumers" as members of a limited class—like maidens, the obese, or Negroes. But in practically even federal application of the word "John Q. Public" is clearly synonymous.

These government enterprises are a curious blend of several ingredients. There are, for example, the purely informative activities which instruct home-makers on nutrition or hygiene. There is also the policy function, exemplified by the Foot and Drug Administration.

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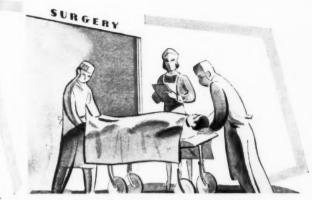
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Preoperatively... and for Speedier Post-Surgical Come-Back

For better nutritional state in the presurgical patient, New Improved Ovaltine can play a signal role. It contributes materially to the protein, carbohydrate, mineral, and vitamin intake, providing the elements which have been shown to reduce the hazards of anesthesia and surgery.

Postoperatively, Ovaltine supplies balanced caloric energy in easily digested, readily available form. Its palatable taste assures acceptance by the patient even when many other foods are refused, and its generous supply of vitamins and minerals makes for accelerated postsurgical comeback. Ovaltine is advantageously included in the postoperative diet as soon as liquids are tolerated.

The recommended three daily servings of New Improved Ovaltine, made according to directions, each with 8 oz. of milk*, provide in addition to proteins, fat, and carbohydrate, the following: VITAMIN A 2578 I.U. VITAMIN BI . 302 I.U. VITAMIN D 327 I.U. VITAMIN G 491 Sherman-Bourguin units CALCIUM 1.05 Gm. PHOSPHORUS 0.903 Gm. IRON 8.9 mg. COPPER 0.75 mg. (*Based on average reported values for milk)

NEW IMPROVED

OVALTIN

Ovaltine



Ovaltine now comes in 2 forms—plain, and sweet chocolate flavored. Serving for serving, they are virtually identical in nutritional value.

Physicians are invited to send for individual servings of New Improved Ovaltine. The Wander Company, 360 North Michigan Avenue, Chicago, Ill.

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It is clear that federal consumer agencies attempt to mold public opinion. (Consumers' Guide articles, for example, advocate a revised system of medical care). In this connection, there is a consistent note of political self-perpetuation in much of the information released. It's usually only a whisper-but it clearly says, "Something must be done...and we're doing it!"

CONCLUSIONS

The testing agencies, medical coops, women's clubs, and government agencies are all manifesting a growing interest in the distribution of medical care. The power which they could muster behind a campaign to change the status quo would be prodigious. Physicians can scarcely afford not to concern themselves with a movement of such significant potentialities.

-F. H. ROWSOME JR.

Just published

BOOKS

A HISTORY OF MEDICINE, by Arturo Castiglioni, M.D. Medicine through the ages. Translated from the Italian. (Knopf, \$8.50)

AMERICA ORGANIZES MEDICINE, by Michael Davis. A discussion of the country's health problems in relation to the defense program. (Harper. \$3)

MEDICINE AND HUMAN WELFARE, by Henry E. Sigerist, M.D. Perspective on the past, present, and future of medicine, (Yale University Press. \$2.50)

MUST WE GROW OLD? By Barclay Newman. A discussion of longevity and geriatrics. (Putnam, \$2.50)

L. EMMETT HOLT, by R. L. Duffus and L. Emmett Holt Jr. The career of an eminent pediatrician. (Appleton-Century, \$3)

HOW TO GET THINGS DONE, by Donald A. Laird. Ways to increase personal efficiency. (Harper, \$2.50)

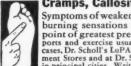
DOCTORS AND DOCTORS, WISE AND OTHERWISE, by Charles M. Rosser. M.D. A physician writes of his experiences, observations, and philoophies. (Mathis, Van Nort, \$3.50)

DORN THAT WAY, by Earl R. Carlson. M.D. A victim of spastic paralysis tells the story of his struggle to overcome the condition. (John Day, \$1.751

ARTICLES

NATIONAL HEALTH-OUR FIRST LINE OF NATIONAL DEFENSE, by Donald E. Keyhoe. A report on the advancing health program in national preparedness plans. (Cosmopolitan. April 1941)

Cramps, Callosities, Burning Sensations At Ball Of Foot



Symptoms of weakened Metatarsal arch are pains, cramps in toes, burning sensations at ball of foot. Callosities usually exist at point of greatest pressure. Dr. Scholl's Metatarsal Arch Supports and exercise usually give quick relief. Adjustable. For mild cases, Dr. Scholl's LuPADS are excellent. At Shoe and Department Stores and at Dr. Scholl's Foot Comfort Shops in principal cities. Write for professional literature. The Scholl Mfg. Co., Inc., 211 W. Schiller St., Chicago.

Foot



` too, had its hexoic days

THE "gilded-cage" of ten to twenty bedrooms, with but a single small, ill-ventilated "water-closet," held many a martyr to constipation or its alternative of the mid-Victorian era: Grandma's nauseating brews, or the doctor's unrefined castor oil or calomel.

With the passing of heavy red flannel underwear, the treatment of constipation has also emerged from its early crudity. Out of the welter of professional opinion for the most satisfactory modern treatment of this ever prevalent condition, crystallized the Agarol idea—a mineral oil and agar emulsion suitable for every age period and in every pathologic condition where an intestinal evacuant is indicated.

Physicians are using Agarol extensively for the relief of acute constipation and for the treatment of habitual constipation. They know that its high viscosity, thoroughly emulsified mineral oil accomplishes exactly what it intended to do—soften the intestinal contents, while the experimentally determined dose of phenolphthalein assures adequate peristaltic stimulation and thorough evacuation.

A trial supply gladly sent on request.

AGAROL

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Foot

LOCATION TIPS

A free service to M.D.'s seeking places in which to practice

◆ An up-to-date list of towns in which physicians have just died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hos-

pital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that they amply merit investigation.

Only those communities are included in the list which have less than 50,000 inhabitants and in which the ratio of doctors to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns (returned copies marked "deceased"). They thus constitute the most complete and timely list available anywhere, due to the magazine's comprehensive circulation (more than 135,000 monthly).

NOTE: Readers are cordially invited to submit names of towns in which vacancies have occurred. Address them to MEDICAL ECONOMICS, Rutherford, New Jersey.

Ralks' Ideal Suction and Pressure Treatment Unit

The moderate price, and the maximum utility of this popular unit makes it outstanding as a piece of equipment for office or clinic use. Finished in white enamel, black glass top, all trim chromium plate, with accessories as illustrated, it makes a handsome addition to any office.

The motor-compressor unit is the latest spring suspended model—noiseless and vibrationless. Compressor is connected direct to motor, with no belts to slip, stretch or break, and no valves, balls or springs to rust, or to get out of adjustment. The motor unit is equipped with a carrying handle for portability. The Ralks' Ideal Unit is strongly and carefully built of the finest material by expert workmen. There is nothing to get out of order. Lubrication only care required.

Sold Only Through Surgical Supply Dealers



No. 4143 without other bottle (white enamel cabinet) \$145.00 No. 4145 complete with other bottle (white enamel cabinet) \$160.00

Either unit in walnut or mahogany color finish \$5.00 extra,

J. SKLAR MANUFACTURING COMPANY

38-04 WOODSIDE AVE.

LONG ISLAND CITY, N.Y.



THE PENDULUM SWINGS

Although treatment of urological disorders was formerly made in alkaline urine, today many urologists hold the opinion that acid urine is desirable. To obtain a normal acid urine (from 5.6 to 6.0 pH), Phospho-Soda (Fleet) administered after meals is of great help.

In treatment of Phosphaturia and ammoniacal urine Phospho-Soda (Fleet) has been used with excellent results. In some forms of urolithiasis Phospho-Soda (Fleet) has been suggested because of its buffer and normal acidulating action in the urine. In urinary infections where Methenamine is being used, Phospho-Soda (Fleet) may be administered previous to the administration of that agent to assist its action in an acid urine.

PHOSPHO-SODA FLEET

C. B. FLEET COMPANY, INC., Lynchburg, Virginia

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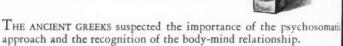
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HICS,

An Effective Medicinal Weapon Against Depressions

"The greatest mistake in the treatment of disease is that there exist physicians taking care of the body and physicians taking care of the soul, as these ought not to be separated from each other... but just this fact is overlooked by the Greek physicians and therefore many diseases escape them, as they never see the whole."

PLATO-429-347 B. C.



Mild pathological depressions may accompany a variety of clinical syndromes. In addition to prescribing whatever forms of therapy are indicated for the individual condition, it may also be advisable to treat the underlying or concomitant depression.

If, in the judgment of the physician, treatment of this depression appears advisable, the administration of Benzedrine Sulfate Tables kine. I will often prove useful. In depressive psychopathic cases the patient of the should be institutionalized.

Benzedrine Sulfate Tablets offer "a therapeutic rationale which in its very efficiency, cuts across the old categories". (Parker, M. M.-J. Abnorm. & Soc. Psych., 34:465, 1939)

Initial dosage should be small-2.5 to 5 mg. If there is no effect this should be increased progressively. "Normal Dosage" is from 5 to 20 mg. daily, administered in one or to doses before noon.



BENZEDRINE SULFATE TABLETS

Brand of Amphetamine Sulfate

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

ONE HUNDRED YEARS OF SERVICE 1841



TO THE MEDICAL PROFESSION

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THE NEWSVANE

G.P. Certification Nears

The question of certification for general practitioners is being studied by special committee appointed at the recent executive committee meeting of the National Board of Medical Examiners*. The new committee, through conferences with leading medical authorities and organizations, will seek to determine the best methods of providing recognition for the progressive, up-to-date, efficient, and well trained general practitioner.

The National Board of Medical Examiners has been urged to organin and administer a program for general practice similar to that now moducted for the various specialties y their corresponding national

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Chairman of the special committee Dr. Waller S. Leathers, dean of the Vanderbilt University School of Medables icine. Dr. Louis B. Wilson, director patient of the Mayo Foundation, has been asked to act as consultant.

Bankers of Blood

Collection of 25,000 liters of blood from 100,000 donors in ten U.S. citis may soon begin in the name of defense. Such a program, which would be spread over six months, has already been planned by the Blood Iransfusion Association at the repuest of the American Red Cross. Meanwhile, the first U.S.-built transfusion trailer" has been shipped England to be used as a mobile lood bank for air raid victims. The

*This action of the National Board nfirms information published exclusely by MEDICAL ECONOMICS in its Febmry issue (p. 45).

trailer is fitted with fifty flasks, each holding a pint of blood, and carries a refrigeration system operated by a gasoline-driven generator. dressing containers, an instrument sterilizer, two electrically heated blankets, rubber mattresses, and two steel folding stretchers are included in the equipment.

A field staff of two doctors, two nurses, and a chauffeur is required. The unit moves about the country collecting blood from volunteer donors for central blood banks. In emergencies, transfusions and first aid can be provided where needed.

Medical Deferments

Blanket deferment of all medical students until they have completed their studies was demanded by doctors at the annual Congress on Medical Education and Licensure. Draft officials have maintained that such deferment would be illegal under the Selective Service Act.

Dr. Morris Fishbein, American Medical Association spokesman, said army and navy officials have estimated they will need 8,000 doctors a year for the next five years under the present military expansion plan. He pointed out that 5,200 young physicians are graduated each year from medical schools, of whom about 3,500 will be eligible for the draft after their interneship.

"If our students are taken for the army before they can finish their training, how can the medical profession begin to supply the needs of the armed forces?" he asked.

Dr. Ray Lyman Wilbur, chairman of the A.M.A. council on medical education and hospitals, said that already the profession is threatened by a lowering of standards. Pointing out that last year 195 graduates of unapproved medical schools were admitted to practice in thirteen States, he suggested legislation to prevent medical students from entering the service by draft or as volunteers.

Draft deferment for students in approved medical schools has also been urged by the A.M.A. committee on medical preparedness, and by a subcommittee on medical education from the office of the Federal coordinator

for health and welfare.

In a joint resolution, they warned: "Suggestions that the number of medical students be increased can have no relationship whatever to the situation now confronting us, because such an increase during the current year could not in any way affect the number of doctors available for military or civilian service before 1946.'

No Fees for Army M.D.'s

California physicians and surgeons are relieved of the burden of paying annual license and registration fees while serving in the armed forces of the United States, under the provisions of a recently adopted State law. Also exempt from such payments under this law are drugless practitioners, chiropodists, and midwives,

Banting Aided Companion

Before he died from injuries received in the recent crash of a transatlantic plane, Sir Frederick Grant Banting,* co-discoverer of insulin and Nobel Prize winner, summoned sufficient strength to give medical aid to a

fellow victim, according to a copyrighted story in the Toronto Evening Telegram.

The newspaper account said Si Frederick bound the wounds of Pilot Joseph Mackey, who survived. He left the plane, to die alone, it was said, "only when he had done all he could, both as a doctor and as a man." The tragedy wrote finis to a special war mission Banting had w unteered for.

Not Fit to Fight

Dental defects have been the major cause for rejection of Selective Senice registrants at the time of physical examination, according to Colone Leonard G. Rowntree, medical di vision chief of the Selective Service System.

Colonel Rowntree said 17 per cent of the rejections by Selective Service medical examiners have been for dental defects, and 22 per cent of those at army induction centers have been for the same cause. He announced plans to have a dentist assist physicians of every local board.

Examination of draftees by local board physicians up to February resulted in rejection of 32 per cent Of those who passed these prelimnary tests, approximately 12 per cent had been rejected by army boards.

Rejections by local board doctors were divided into those fit for limited military service but not fit for general military training, and those unit for any form of duty. Twelve per cent

*Most comprehensive recent account of Sir Frederick's life and accomplish ments appeared under the title "He Gave Us Insulin," in Sept. (1910) MEDICAL ECONOMICS.

FREE CATALOG



For Diabetic Patients Packed in pure, natural juice. For men flavorsome salads, fruit cups, desserts. Printel food values help keep diets accurate. Write for the CELLU catalog.

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seding physicians for undenourished children, pre- and postoperative cases, anorexia of dietary regin, anemias, pregnancy and lactaton and numerous other conditions where special dietary needs are indicated.

For normal and therapeutic diets . . . for young and old . . .

COCOMALT is an energizing protective food of vitamin-mineral character. Readily digestible . . . easily assimilated . . . delicious.

R. B. DAVIS COMPANY
HOBOKEN, NEW JERSEY

THE MALTED FOOD DIETONIC FOR ALL AGES

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r more Printed Write were in the former group, and 20 per cent in the latter. Principal causes for rejection were, in order, teeth; cardiovascularsystem; musculo-skeletal defects; eyes; genitalia (including venereal); mental and nervous; ears, nose, and throat; hernia; feet; and lungs.

In connection with the discrepancy between local board rejections and those turned down by the army, Colonel Rowntree proclaimed the need of common methods of diagnosis and greater uniformity of interpretation. He urged medical institutions to make their facilities for scientific tests available to local boards, and outlined four major services which the profession can render:

 Housing the medical functions of local boards in schools, hospitals, and dispensaries.

2. Providing students and internes to aid in examinations and clerical work.

Providing laboratory facilities for urinalysis and for serological tests.

 Compiling information to assist local boards in the Selective Service classification of medical students and internes.

Rowntree declared these steps would relieve Selective Service boards and the 18,000 voluntary medical examiners of at least 50 per cent of the burden and almost 100 per cent of the drudgery.

Meanwhile, Harry Goldwag, of the

New York State Podiatry Society has announced that men subject to the draft can receive free treatment for foot ailments from any member of the society.

F.S.A. Medical Care

More than 80,000 families, or 300,000 people, receive medical services through health associations established by the Farm Security Administration and local medical societies in 700 counties in thirty-one States. These facts were disclosed in recent Congressional testimony on the agricultural appropriations bill.

Human Guinea Pigs

Doctors and laboratory workers at the National Institute of Health in Behesda, Md., are serving as voluntee "guinea pigs" to determine the restions of the human body to newly decovered chemicals used in the manifacture of defense materials. Dealth A. Neal, of the Industrial Hegiene Laboratory, says the use of an mals for this purpose is too slow for defense industry, which makes with use of more than 100 of these per substances.

Red Cross Wants M.D.'s

Physicians are in great demand a instructors of Red Cross first all classes, and those who serve in the capacity will be rendering valuable.

SEND the HOLLINGS-SMITH CO.
Orangeburg, New York
Sample Carbox Bell, please.

Name

Street

Street

City

ME

City

"My little girl eats them like candy"

says a New York physician.

A 6 grain tablet of sodium bicarbonate and aromatics so palatable the patient doesn't know he is taking soda—does know he receives almost instant relief.





SIGNIFICANT series of X-ray studies has recently been completed A SIGNIFICANT sense of A-ray states that a not standing metropolitan hospital. These studies graphically visualize the value of the hydrogel therapy of functional constipation-as demonstrated in the successful experience of thousands of physicians, and endorsed by the opinion of leading medical authorities.

Under controlled Serutan medication, all patients tested—both with atonic and spastic constipation-showed marked clinical betterment in laxation rate, appetite, and general sense of well-being. Most important, X-ray examinations revealed a highly significant improvement in colonic configuration.

A complete report of these studies, with X-ray reproductions, is available exclusively to the medical and associated professions in the

20-page booklet "X-Ray Evidence"-together with samples of Serutan, the hygroscopic evacuant that adds a bland emollient bulk to the fecal mass to help restore normal bowel rhythm without irritation, griping, or leakage.

Write for your copy of the booklet and samples without delay!

SERUTAN, PROFESSIONAL SERVICE DIVISION JERSEY CITY, N. J.



ERUTAN YSIOLOGIC AID TO

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help to the organization's defense effort, Dr. Laurance M. Thompson, Assistant National Director of Red Cross First Aid Service, told MEDICAL ECONOMICS last month.

Dr. Thompson said approximately 380.000 persons completed Red Cross courses in 1940, and that 3,448 of the 21,610 instructors were doctors of medicine, while the other 18,162 were laymen trained by doctors.

Asserting there is an ever-increasing attention to the emergency care of the injured, he said industry is becoming more and more aware of first aid's value in minimizing accident hazards, and that great interest in this work has been displayed by the War Department as well as other branches of the Federal Government.

"Citizens in all walks of life, seeing how valuable a knowledge of this subject would be if they were in Europe at the present time, are anxious to prepare themselves for any eventuality." Dr. Thompson declared. "For these reasons, the Red Cross needs all the first aid instructors it can obtain, especially qualified medical doctors."

Dr. Thompson explained that medical school graduates need only notify their local Red Cross chapter or national headquarters in Washington of their desire for appointment, giving the name of their school, year of graduation, and a few other pertinent facts. He said their appointment is then made without further ado, and teaching materials are sent at the time of appointment.

"The aim of the Red Cross first aid course is to teach simple measures designed to take care of the injured or sick until they can be turned over to professional medical assistance," he continued. "Generally, such first aid is given on the spot. In most cases, the person providing help will have limited first aid materials, and frequently, splints, bandages, and other essentials will have to be improvised. These facts sometimes are overlooked by those who may think of first aid as the assistance furnished after a properly equipped ambulance has arrived on the scene, or the attention which is given an injured person at the hospital's receiving room.

"Red Cross first aid is designed primarily to give laymen a working knowledge of what to do to save life in an emergency, to prevent injuries from being aggravated by improper handling, and to make the victims as comfortable as possible so that effects of shock will be minimized. As soon as the doctor arrives the Red Cross first aider's responsibility ceases."

Dr. Thompson added that under a recent agreement with the Civilian Conservation Corps and the War Department, the Red Cross has undertaken to train all members of the CCC in first aid. There are approximately 300,000 in the corps, distributed in some 1,500 camps throughout the country.

"Training that number of men represents almost twelve months of effort, but in spite of this undertaking there will be as little interference as possible with the regular first aid program," he said.

Pointing out that Red Cross chapters everywhere are receiving requests for first aid instruction, Dr. Thompson declared the teaching personnel is being strained to the utmost, and that doctors can materially relieve the situation by offering their serv-

SCABENZATE LOTION NEW BENZYL BENZOATE TREATMENT FOR SCABIES OUICK-PLEASANT-STAINLESS HART DRUG CORPORATION—MAM, FM

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Patients look for this in your office and they can see it best in your apparatus. The Hanovia Super "S" Alpine Lamp, foremost in the field of ultraviolet generators is built for long useful life and contains many outstanding features of which here are a few: It is a high pressure high intensity quartz mercury arc lamp... Starts instantly ... Fast acting ... treats more patients in less time ... Ten stages of intensity regulation by unique control ... At 30 inches from the burner the intensity may be varied from 2000 to 3700 microwatts per sq. cm. Ammeter readings provide accurate control of dosage.

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ed when covered with a Campho-Phenique dressing, for Campho-Phenique is intended to minimize pain and inflammation.

The intense local pain, the burning sensation, and other discomforts of small burns and scalds respond favorably to Campho-Phenique.

Campho-Phenique is available in three forms: a Liquid, an Ointment, and a Powder, each form having certain advantages.

JAMES F. BALLARD, Inc. 700 N. Second St. St. Louis, Mo.

ices as volunteer first aid instructors

In conclusion he said: "As industries engaged in national defensesing into their peaks of production as more and more private citizen prepare themselves for all eventualities, the need for instructors will increase. Those doctors who are giving a portion of their time to Red Crosfirst aid instruction may rest assured they are making an important and significant contribution to mational defense."

Germicidal Mist Arrives

Effective sterilization of air by gemicidal mist has been reported by a searchers at the University of Cago.

According to Dr. Arthur C. Base meyer, associate dean of the Division of the Biological Sciences, the method promises to achieve sterile air sick rooms, crowded meeting as housing places, as well as in industrial fields, and to reduce marked the spread of such infections of the upper respiratory tract as paeumon and common colds.

The germicidal mist is so fine a odorless as not to be noticeable humans, and it does not appear stain or cause a noticeable film. Bachmeyer reports.

Guinea Pig King

When he began raising guinea pass a hobby, Ezra G. Bell, Atlan City hotel owner, had no idea them mals one day would project him in the national defense picture. It that's about the size of his prograto supply the animals to laborator and medical schools where they a needed for blood tests and other search work.

Bell's guinea pig "farm" is said be the largest institution of its k in the East, and if it continues grow at its present rate, it soons be the largest in the country. I farm is housed in an abandoned in

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IN 2 National Biscuit Shredded Wheat plus a cupful of milk there is more than 1/3 to nearly 1/2 the daily average requirement of Vitamin B₁, as Nature provides it.

This combination also includes a part of the daily requirement of at least seven other important nutrients. When any of several fruits are added, this one-dish meal (breakfast, lunch or supper) affords additional food values.

These crisp, tender biscuits are considered to be one of the most palatable forms of whole wheat. They are made of 100 per cent whole wheat, including the nutritious wheat germ, steam cooked, pressed into slender strands (for readier assimilation

in the system), then oven-baked. Nothing is added to the pure whole wheat.

Ready to serve, the biscuits can be easily heated, if desired, either in the oven or by dipping quickly into hot water and draining. Then serve, in usual way with milk or cream. Pleasant to the taste, National Biscuit Shredded Wheat appears frequently on menus in homes and institutions throughout the country. Its appetizing flavor makes it especially suitable for encouraging increased intake of milk in the diet.

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NUTRITIONAL VALUES

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VITAMIN Br. More than 1/3 daily av. requirement CALCIUM. More than 1/3 daily av. requirement PHOSPHORUS More than 1/2 daily av. requirement IRON. More than 1/5 daily av. requirement

There is also a generous part of the daily energy requirement (CARBOHYDRATES and PROTEINS) and other nutritional necessities including VITAMIN A and VITAMIN G.

Reprints of this page will be sent free of charge, on request. Address National Biscuit Company, Dept. M. 4, Station O. New York, N. Y. mark of better times, the \$150,000 French Casino which the hotel owner recently purchased for \$5,000.

Bell believes that the increasing demand for experimental animals will tax the capacity of his plant even though guinea pigs produce litters of two to five about every sixty-seven days. Jocular references to his enterprise are not appreciated by Bell. He points out that he now has more than 3,000 breeders and that he expects to have 7,000 by midsummer. Weekly feed requirements include 1,000 pounds of hay, 2,000 pounds of grain, and 6,000 pounds of vegetables. The market price of the animals ranges from 65 to 75 cents each.

New Zealand Plan Lags

Once again the New Zealand Socialist Government is attempting to put into effect its two-year-old nationwide program of free medical care.

The Christian Science Monitor reports that the current plan contemplates avoiding a continuance of difficulties with the medical profession by permitting private arrangements between individuals and their physicians.

In order to finance a new social security program which included free medical care, workers began paying a 5 per cent wage tax on April 1, 1939. Unwillingness of doctors to cooperate with the Government provided a stumbling block to the medical sub-division of the setup. The physicians offered an alternate plan for free medical care for needy persons, but this plan included collection of contributions from more fortunate citizens. When the Government rejected this plan on the

grounds that costs would be so high that everyone would have to pay, the physicians withdrew their offer of cooperation.

Proceeding on the theory that unsuccessful doctors, and those with rural practices would welcome a fixed income, the government resumed organization of its own program. Again physicians spurned its offer.

The Monitor story continues: "Now the system has been much modified to cover the doctors' demands, and there is no contract between the Gorernment and the individual doctor. Instead, the patient gets the money to spend however he likes.

"The Government has legislated to provide machinery for an attempt to circumvent the doctors' organization and enable contracts for service to be made between members of the public and individual medical mea. Doctors doubt whether it will west.

"The reason for this skepticism is the war. When the social security or ganization was first planned, the country was at peace and the doctor in unspecialized practice were about one to 1,500 people. Actually there was considerable doubt whether this ratio would make it possible to work the scheme. Today the country is a war and the ratio of doctors to patients in the capital city, where many doctors have enlisted, is one to 3.00!

"Most of the doctors are driving hard night and day, refusing call where they think they are unwarranted. But under a social security contract they could not refuse a call and they hold it would be impossible to get through the work which the Government is offering them. Do

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tors declare they will do nothing save by direction of their own organization, and the Government has been ignoring this medical body."

The New Zealand branch of the British Medical Association recently was condemned by The Standard, the Labor party's nationally circulated newspaper, as the "most powerful trade union" in existence. The newspaper declared the B.M.A. is "definitely offside with public opinion but it persists in maintaining medicine on a profit-making basis rather than as a service to suffering humanity."

Health Insurance Report

Failure of civic and business leaders to get together with the medical profession has hindered the progress of medical expense insurance in New York City, Louis H. Pink, State Superintendent of Insurance, declared in a recent report to the Legislature in Albany.

The report reveals that last year two non-profit medical expense indemnity corporations were licensed in New York City, and four others were permitted to seek subscriben preliminary to full licensing. Also, one was licensed in Buffalo, and one in Utica.

Development of the plans in Buffalo and Utica was speeded by cooperation among doctors and the leaders of industrial and civic affairs, but in New York City there has been no coordinated effort. Pink said this probably can be attributed to the larger population and to pronounced differences of opinion within the medical profession.

The Westchester Medical Society has endorsed the Medical Expense Fund, Inc., and is urging physicians to cooperate. Calling attention to the introduction of a compulsory health insurance bill in the New York Legislature, the Westchester society bulletin said in a recent editorial:

"It is up to the individual physi-



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sulphur, calcium, and iodine, given by mouth, are reported to prove of service.

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supplies these, together with a potent eliminant of metabolic waste. Relief of pain, reduction of swelling, increased motility are noted, without unpleasant after-effects. Also indicated in chronic rheumatism.

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cian to implement this endorsement by subscribing to the fund and giving it his utmost moral support, particularly with his lay patients, in order that the experiment may have a decent full-dress trial before the doctor and his patient are permitted to sink into the bog of compulsory health insurance." SP

New Camera Hailed

The Kodak Ektra, new deluxe miniature camera recently introduced by Eastman, is destined to play a leading role in medical photography, according to its makers. Six interchangeable Ektra lenses are available for use with the camera, which has shutter speeds of from one second to 1/1000th.

Chief advantages cited for the Ektra in clinical photography are:

 The interchangeable magazine back feature, permitting quick changes between types of film without rewinding, unloading, and reloading.

Extreme correction of lenses, and a special lens-surface treatment improving definition and contrast of negatives.

3. Extended focusing range of the shorter-focus lenses, which, with the longer-focus and telephoto lenses give extreme latitude in selection of field size and working distance.

 Extreme precision and special character of the range-finder, which is accurate either with short-focus or telephoto lenses even under dim light conditions.

5. Variable-power view finder which permits rapid choice of the desired lens and whose automatic parallax correction for all lenses insures extreme accuracy of composition.

6. Grouping of controls to permit rapid manipulation and swift rewind

7. Facility of operation wholly from eye-level, with film wind and shutter release so arranged that the photographer need not interrupt his view of the subject to operate them.

8. Excellent camera balance, which

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GET the men back to work ... with the new tissue stimulating antiseptic OILZO. The period of recovery in industrial injuries is shortened appreciably with this antiseptic which not only sterilizes the wound, according to published laboratory and clinical data, but actually tends to support local tissue metabolism.

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helps avoid motion and consequent loss of definition when the camera is held in the hands.

Mortality Rates Reduced

The provisional infant mortality rate of 47 per 1,000 live births in 1940 was the lowest on record, reports Surgeon General Thomas Parran of the United States Public Health Service, who adds that this rate represents a decline of 15 per cent during the past five years. The report shows the 1940 mortality rates from the following causes were the lowest reported during this five-year period: typhoid and paratyphoid fever, measles, scarlet fever, diphtheria, encephalitis, meningitis, tuberculosis, malaria, pellagra, pneumonia, digestive diseases, diarrhea and enteritis (under two years), nephritis, and accidents.

More Industrial Medicine

A four-point program designed to accelerate industrial hygiene activity, especially as it relates to defense industries, has been endorsed by joint action of the National Conference of Governmental Industrial Hygienists. the Subcommittee on Industrial Health and Medicine of the Federal Security Agency, and the Division of Industrial Hygiene of the National Institute of Health.

The program includes training of additional personnel, services to arsenals and navy yards as requested,

field and laboratory investigations, and assistance to State industrial by giene units. Research on the control of hazards, advice on plant construction and renovation, promotion health examinations and medical care, health education, and adult hygiene programs are contemplated.

X-Ray Story in Pictures

"Exploring with X-Rays," an educational four-reel sound motion picture film describing X-rays and their various uses, soon will be available to physicians who wish to use it in appearances before luncheon club. parent-teacher associations, technical societies, and other groups.

The film will be released by the General Electric X-Ray Corporation. Chicago. A descriptive leaflet which includes instructions for reserving the picture for exhibitions, may be obtained from the Chicago firm. After a short period during which the It is c film will be shown exclusively at professional society meetings, doctors may use it free of charge, except for shipping costs.

California Health Bills

In line with recommendations of Go ernor Culbert L. Olson. California Assemblymen Vincent Thomas an John Edward Cain have introduce a bill authorizing a State comput sory health insurance system should Congress adopt similar legislation



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In addition, recent research inditates that grapefruit aids the body n assimilating and utilizing the alcium found in other foods.

Besides this double value, the tart, estful flavor of grapefruit and its igh toleration make it a welcome dition to the diet.

Grapefruit has still another imporant virtue in that it is one of the expest sources of the daily requirement of Vitamin C. In grapefruit juice t current prices Vitamin C costs ten less than in synthetic tablets.

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Added to water, Calcium Gluconate Effervescent (Flint) forms a sparkling, effervescent solution—4½ times as soluble as ordinary calcium gluconate.

Because of its pleasant taste, patients can take it over a prolonged period without distaste.

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for the Nation. The program would provide full medical and hospital benefits.

A bureau of medical aid for all relief clients would be established under a bill introduced in the California Legislature by Assemblyman Melvyn I. Cronin. This proposed bureau would supply drugs and provide medical and dental services in addition to field service for mobile units.

Other welfare measures include a bill by Assemblyman Vernon Kirkpatrick to create a State health insurance system which would include State ownership of all hospitals. The program would be financed by a 3 per cent gross receipts tax.

Free Choice at Stake

By refusing to enlarge his panel of approved physicians, the city attorney of Milwaukee prevents injured municipal employes from obtaining the services of doctors of their own choosing, The Medical Times, Milwaukee County Medical Society publication, says editorially. The society has demanded an investigation.

The city attorney claims employes might select incompetent physicians if permitted their choice of several hundred, instead of the twenty-one physicians and surgeons, and eleven eye, ear, nose, and throat specialists on the approved list.

Bay State Standards

Standards for admission to practice in Massachusetts are too low to prevent incompetent physicians from obtaining licenses, a State Legislature committee on public health was told at a hearing on a bill to raise minimum requirements for qualification to the level of those recommended by the National Board of Medical Examiners.

Counsel for Dr. Robert T. Monroe of Boston, the petitioner, said the public would be astounded if it real

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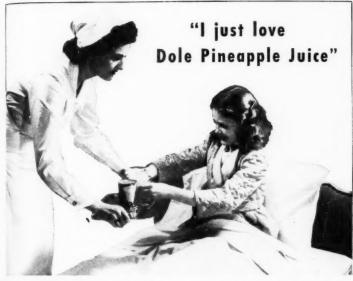
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There's something about the "taste" of Dole Pineapple Juice that appeals to the convalescent. It's refreshing, flavorful, and just sweet enough. This sweetness, however, is natural, for no sugar is added to this pure juice of sun-ripened pineapples. Dole Pineapple Juice is easily assimilated, high in quickly-available food energy, contains vitamins A, B₁ and C.

Dole Pineapples, unlike many fruits, are not picked until they are ripened on the plant. Trained men make tests for quality and ripeness each day and they supply this information to the men who do the picking.

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ized that present standards in the State of Massachusetts were "probably the lowest in the country." Speaking for passage of the measure. Dr. Henry Christian described Massachusetts as "on oasis of comfort for poorly trained doctors."

Representative George W. Roberts of Boston, an opponent of the bill, declared it would transfer the licensing of doctors to an out-of-State organization which would not be responsible to any government agency. He estimated that 50 per cent of the physicians in Massachusetts could not qualify for national board examinations.

Program for Camp Areas

An appropriation of \$250,000,000 or more will be sought from Congress in the name of the Interdepartmental Advisory Committee, organized by Paul V. McNutt, Federal Security Administrator, to finance health and welfare work in areas adjacent to army and navy training camps and large defense industry centers. Survey findings of the U.S. Public Health Service will be cited as evidence of the need for such a program.

Vanishing Americans

Despite the fact that the nation's birth rate increased slightly last year, the long-range population tendency is definitely downward, according to Census Bureau officials.

There were approximately 2.350.000 births in the U.S. last year, an increase of 100.000 over 1939. This pushes up the birthrate from 17.3 to 18 live births per 1.000 population. Census officials explain that this indicates arrival of an unusually large number of persons at the reproductive ages, and they believe these persons are the offspring from the increased volume of marriages which followed the first World War. Anoth-

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SUPERTAH Ointment "does not stain the skin or clothing, nor does it burn or irritate the skin. We have seen no pustulation following its application. It can remain on the skin indefinitely without fear of dermatitis."

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*Swartz & Reilly, "Diagnosis and Treatment of Skin Diseases", p. 66.

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THERE is a type of KONDRE-MUL (Patch) to meet the individual needs of your patients.

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er factor contributing to the higher rate is that better economic conditions have brought about an increase in the number of marriages.

Last year, the provisional death rate increased from 10.6 to 10.8, and infant mortality decreased from 48 to 47.9 deaths per 1,000 live births. Even now, there are barely enough births to replenish the present generation, although an unusually high percentage of the country's female population is in the reproductive age group. As these women become too old to have children, a decreasing birthrate and an increasing death rate will offset the present gradual population growth.

Cracks Down on "Cures"

Cold "cures" hereafter will be included in the government's enforcement program of the Food, Drug, and Cosmetic Act, makers of such products were warned recently.

Many manufacturers now advance claims regarding cold prevention and treatment which W. C. Carapbell, Commissioner of Foods and Drugs, says are not justified by scientific knowledge. It is pointed out that the act contains a clause designed especially to prevent misrepresentation of the benefits one may expect from such preparations.

Doctor's \$50,000 Error

Holding Dr. William Klein, of New Brunswick, N. J., responsible for idiocy of a five-year-old boy through an erroneous diagnosis of the mother's pregnancy, a Circuit Court jury recently awarded \$50,000 damages to the child and his parents, Mr. and Mrs. Jacob Stemmer, of New Brunswick Township.

The parents, who sought \$400,000 from Dr. Klein, charged that he diagnosed Mrs. Stemmer's condition as a tumor and that, as a result, she underwent three X-ray treatments in December 1934, and January and

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• Hematinic Plastules provide ferrous iron in small soluble elastic capsules—a modern, convenient dosage form. Where iron therapy is indicated, Hematinic Plastules can usually be relied upon to bring about a steady, rapid rise in hemoglobin. Their administration is seldom complicated by gastric disturbance. . . . Hematinic Plastules are an economical iron preparation

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Hematinic Plastules are available in two types, Plain or with Liver Concentrate, in bottles of 50 and 100.

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March 1935, before she became aware of her pregnancy.

Three medical experts were among fifteen witnesses who testified for the parents. Defense attorneys called nine medical experts, and Dr. Klein spent four hours disputing the charges from the witness stand.

The jury decided the child should receive \$35,000, and the parents, \$15.000. The boy was permitted to sue under a ruling by Judge A. Dayton Oliphant that an unborn child is a person in the eyes of the law as soon as it shows signs of life.

Accident Toll Rising

Last year, for the first time since 1936, the number of accidental deaths in the United States showed an increase over the previous year, the National Safety Council reports. The 1940 total of 96,500 deaths reflected an increase of 4 per cent over 1939, and the total of 9,100,000 injuries was 300,000 greater than in the previous year. The sharp rise in fatalities was recorded in all three principal types of accidents—motor vehicle, occupational, and those which occur in the home.

Smith Hits Socialization

Urging that physicians apply organized pressure in Congress to protect their rights, New York's former Governor Alfred E. Smith recently warned the medical staff of St. Vincent's Hospital that doctors must be continually on the alert if they are to prevent adoption of socialized medicine legislation.

Mr. Smith, who is chairman of the Manhattan hospital's advisory board, declared there is a "socialistic element" in Washington strong enough to put over such legislation. "If we are going to have health insurance," he said, "let's not have the government do it. I am against it being done by law, but if it has got to be, why not let the States do it? If there is a backward State somewhere, that's just too bad. The States have the right to change their governments."

Pneumonia Deaths Drop

The pneumonia death rate in New York City has been reduced 50 per cent in three years by the use of sula drugs and advances in serum treatment, according to statistics released by the Department of Health.

These figures show that pneumonideaths occurred at the rate of 891 per 100,000 population in 1937, and 46.1 per 100,000 in 1940. The propertion of deaths of pneumonia patients has been lowered from 25 to 6 per cent in cases where either the sulfidrugs or serum have been used.

Oregon's Panacea

Compulsory health insurance for Oregon citizens with incomes under \$1.500 a year, is provided for in a bill introduced in the State Legislature by Representative J. F. Hosch, a practicing physician.

Under the provisions of the bill in jured workers and their families would receive medical, hospital, and prescription fees. Also provided for are unemployment compensation parements in cash to workers when the are ill.

Funds to finance the program would be raised by contributions from

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employers, employes, and the State. There is provision for acceptance of Federal aid, should it become available. Farmers, merchants and other persons who work for themselves would be permitted to participate in the program by making voluntary payments.

Dental Credit Plan

Loans at reasonable interest rates for the specific purpose of budgeting dental service costs may be obtained under a dental credit plan sponsored jointly by banking interests and the Massachusetts Dental Foundation, a non-profit organization within the State dental society. Newspapers are aiding the plan by cooperating in a program of dental education publicity.

Hospital Unions Illegal

Labor unions have no right to demand wage increases for employes of hospitals, and State labor boards must not conduct labor elections among hospital workers, according to a precedent-setting decision handed down by the Pennsylvania State Supreme Court. The ruling holds that hospitals are charitable institutions and not business enterprises, and therefore are exempt from labor laws. The court's action was expected to end a drive by two unions, one C.I.O. and the other A.F. of L., to organize hospital workers throughout the State.

Osteopaths Organize

A bill to permit formation of corporations which would sell subscriptions and dispense osteopathic service habeen introduced in the Michigan Legislature. Backed by osteopaths, the action follows the establishment last year of Michigan Medical Service, a nonprofit corporation furnishing medical care under the aegis of the State medical society.

A.H.S. Weathers Storm

Serious economic difficulties are a thing of the past for New York's absociated Hospital Service, bellwether of the three-cents-a-day plans, according to the latest A.H.S. financial statement. As of December 31, 1944, the statement shows total admitted assets of \$5.135,997.80 and a net supplies of \$2,179,777.16.

"The three-cents-a-day plan is stronger now than it has been at any time since its inception in 1935," Dr. S. S. Goldwater, A.H.S. president, reported. "The obstacles and trials early years have been successfully

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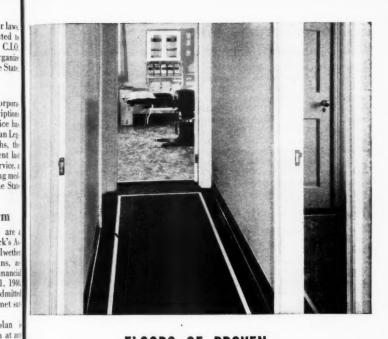
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Takes Foreign Graduates

Physicians graduated from medical schools outside the United States may now apply for appointments in the army medical reserve corps, the Adjutant General of the U.S. Army has ruled. Among other requirements, applicants must be U.S. citizens, have licenses to practice medicine both in this country and in the one where their medical school is located, and have completed at least one year's interneship in an A.M.A.-approved hospital.

Pharmacists Get Busy

The American College of Apothecaries, a nation-wide organization of pharmacists formed last year as an affiliate of the American Pharmaceutical Association, will soon release to members a series of window displays aimed at building greater public appreciation for pharmacy. The displays will stress the necessity of seeking proper medical care as soon as illness threatens. The college is also launching a monthly bulletin service for members to keep them posted on the latest advances in both pharmacy and medicine.

Medical Literature

Medical books roll from U.S. presses at a rate of approximately 1,725,000 volumes annually, Census Bureau figures compiled biennially since 1925 reveal. In 1939, the latest year covered by the census, volumes on medicine numbered 1,868,892. Biggest year was 1937, when 3,923,532 volumes were reported.

Hospital Progress

Reviewing twenty-five years of hospital progress, Dr. Malcolm T. Mac-Eachern, associate director of the

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American College of Surgeons, reports in Hospital Management magazine that 2,806 general hospitals and now or the approved list, as compared with eighty-nine in 1918.

In the same issue, Dr. C. Rufus Rorem, of the American Hospital A. sociation, reports that on January 1 1941, sixty-six approved group hospital plans were in operation, previding for 6,000,000 persons, as conpared with 60,000 on January 1, 1935 and 600,000 on January 1, 1937. Dur ing 1941, he estimates, more than \$35,000,000 will be paid to hospitals through these service groups.

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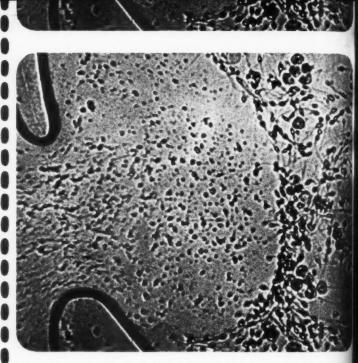




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